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ABSTRACT

The two parts of this document contain reports relating to the normal concerns as well as the special concerns of the older adult population. In Part I, the reports discuss: Education; Employment and Retirement; Physical and Mental Health; Housing; Income; Nutrition; Retirement Roles and Activities; Spiritual Well-Being; Transportation; Facilities, Programs and Services; Government and Non-Government Organization; Planning; Research and Demonstration; and Training. Part II contains reports related to the following: Aging and Blindness; Aging and Aged Blacks; Asian American Elderly; The Elderly Consumer; Mental Health Care Strategies and Aging; The Older Family; Homemaker/ Home Health Aide Services; The Elderly Indian; Legal Aid and the Urban Aged; Long-Term Care for Older People; The Poor Elderly; Rural Older People; Spanish Speaking Elderly (Spanish); Spanish Speaking Elderly; The Religious Community and the Aged; Physical and Vocational Rehabilitation; Volunteer Roles for Older People; and Youth and Age. The role that education plays in the part of the older adult is presented in relation to the following: bilingual and ethnic concerns; expansion of educational programs; funding programs; educational policy; increasing influence of older persons; materials, methods and curriculum; mass media; preretirement; professional preparation; and the status of the Administration on Aging. (DB)

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1971
WHITE HOUSE CONFERENCE ON AGING

A Report to the Delegates from the Conference Sections and Special Concerns Sessions

1

NOVEMBER 28 – DECEMBER 2

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1971 WHITE HOUSE CONFERENCE ON AGING

REPORTS OF THE SPECIAL CONCERNS SESSIONS

NOVEMBER 28 - DECEMBER 2
1971

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EDUCATION

Preamble

Education is a basic right for all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and as a means of helping them develop their potential as a resource for the betterment of society.

Bilingual and Ethnic Concerns

All issues and recommendations which will affect or serve linguistically/culturally different populations must enlist the necessary linguistically/culturally different qualified expertise in the development processes of such proposals so as to insure that all programs designed for the elderly will result in maximum utilization and participation of the constituents in question.

Particularly urgent are Federal, State and local funds for bilingual/bicultural education to the non-English speaking elderly pertaining to instructions relating to the requirements of Federal, State and local government agencies, i.e. gaining citizenship, applying for social security, housing applications, etc.

Expansion of Educational Programs

Education for older persons should be conducted either apart from or integrated with other groups according to their specific needs and choices. Where feasible and desireable the aged must be granted the opportunity to take advantage of existing programs with both old and young learning from each other. However, alternatives must be provided which emphasize the felt needs of the aged at their particular stage in the life cycle.

The expansion of adult educational programs having a demonstrated record of success should receive higher priority with due consideration being given to experimental and innovative programs.

Educational opportunities must be afforded all older persons, with special effort made to reach those who, because of low income, poor health, social circumstances or ethnic status are less likely to respond voluntarily. Outreach programs should use all appropriate channels and delivery systems.

For older persons to participate in educational programs; agencies, organizations; and government must provide incentives. These incentives should be aimed at eliminating specific barriers to the availability and accessibility of educational services for older persons including transportation, free attendance, subsistance, auditing priviledges, relaxed admission requirements, flexible hours, convenient locations and subsidies to sponsors and removal of legal barriers.

Public libraries serve to support the cultural, informational and recreational aspirations of all residents at many community levels. Since older adults are increasingly advocating and participating in lifetime education, we recommend that the public library, because of its nearby neighborhood character be strengthend and used as a primary community learning resource. Adequate and specific funding for this purpose must be forthcoming from all levels of government and most importantly from private philanthropy.

We recommend further that the Library Services and Construction Act be amended to include an additional title to provide library services for the older persons.

Emphasis should be given at every level of education to implement and expand the expressed educational objective of "worthy use of leisure." Education must be directed toward an acceptance of the dignity and worth of non-work pursuits as well as toward development of leisure skills and appreciations.

Funding Programs

Money and manpower for educational opportunities must have high priority throughout all services offered to older persons by any approved public or private agency or organization in order to assure continued, meaningful living.

Educational opportunities must include basic, continuing, vocational education, and training about needs for better use of services, cultural enrichment, and more successful adjustment to aging.

Majority or Plurality Policy Proposal

Public expenditures for education for older persons must be increased and directly related to the proportion of older persons within the population. These expenditures should relate to the needs articulated by all segments of the population of older persons including rural and urban and ethnic minorities or by the organizations that represent older persons.

Available facilities, manpower and funds must be used for educational programs designed and offered on the basis of the assessed needs and interests of older persons. The initiative may be taken by many sources, but the design and curriculum must include active participation by older persons.

The Federal Government must consider the concerns of educational programs of older persons in a greater equity of allotment and on a higher priority basis when allocating funds for educational programs.

Where matching funds are required for Federal education programs aimed to assist older persons, it is recommended that the life long contributions toward building this country by the now elderly be considered as suitable compensation in lieu of "matching funds."

Increasing Influence of Older Persons

Education should place emphasis on instruction to help the older persons understand issues, procedures and action in regard to political processes to enable them to meet more effectively and quickly their special needs as individuals or as a group.

Materials, Methods and Curriculum

Appropriate materials and methods about all aspect of aging, must be developed and introduced in the curricula at all levels of education from pre-school through higher education.

Mass Media

A national awareness campaign must be initiated through mass media and through educational systems to promote better understanding by society of the nature of the aging process, the needs and interests of older people, and the positive contributions and potentially untapped resources of older persons.

All educational resources must be pressed into service for the needed leadership in the preparation and implementation of (a) leadership training, (b) teacher training, (c) curricula and (d) teaching materials for focusing on the critical educational needs of the older persons in America.

Pre-Retirement

Pre-retirement education programs must be established to help those approaching retirement age to achieve greater satisfaction and fulfillment in later years. Pre-retirement education must be the primary responsibility of the public education sector in cooperation with relevant community organizations in the areas of industry, labor, all levels of government, voluntary service and private associations.

Professional Preparation

We urge that institutions of higher learning provide opportunities for special professional preparation of those who will and are working with older persons (law, medicine, social work, recreation, education.) More attention must also be given to workshops, institutes, and in-service education for those who now work with older adults.

Status of Administration on Aging

To implement the educational policies growing out of the 1971 White House Conference Aging, the Administration on Aging must be accorded status and financing appropriate to the task and must be made an independent agency within the Department of HEW as provided for in the Older Americans Act of 1965.

Primary responsibility for the initiation, support and conduct of education programs for older persons must be vested in the existing educational system, Federal, State and local with active participation and cooperation of specialized agencies. A Division of Education for Aging should be established in the Office of Education immediately, to initiate supportive educational services for the aging. Similarly, all State departments of education should designate full-time responsibility to key staff for the development and implementation of programs in education for aging.

EMPLOYMENT AND RETIREMENT

Our long established goal in employment and retirement policy is to creat a climate of free choice between continuing in employment as long as one wishes and is able, or retiring on adequate income with opportunities for meaningful activities.

Many barriers hamper older Americans in exercising this choice in alloting their time and talents and deprive our Nation of the highest use of their knowledge, skills, and potentialities. They include: Compulsory retirement on reaching a particular birthday, regardless of their ability to work; lack of information and counseling on retirement problems and job opportunities; lack of placement and counseling personnel equipped to deal with their special problems; underrepresentation in education, training, rehabilitation, and other manpower programs; continuing discrimination in employment practices despite Federal and State legislation; and forced retirement resulting from long unemployment as an increasing number of workers lose their jobs in their fifties when plants shut downs or technological changes make their skills obsolete.

The unemployment and underemployment of workers in the age group 45 - 65 seriously jeopardize their retirement prospects. For this reason, consideration of the present employment and future retirement problems of this age group as well as of those over 65 was included in arriving at our policy recommendations. These are offered in the hope that they will lead to actions that advance our Nation toward our long established goals relating to the employment and retirement of older Americans.

Employment of older workers is a vital part of our national problem of attaining full employment. Older workers are especially disadvantaged in competition for jobs in the labor market. Their problems cannot be met adequately at the State and local level or through the financial instrument of revenue sharing. Strong Federal leadership and financing are required.

Larger and earmarked manpower funds

The Nation's present manpower programs fail to take adequate account of the unemployment problems of older people. Experience proves that adequate funds must be earmarked to improve employment opportunities for older workers.

In order to achieve a more equitable distribution of services to all age groups, Federal, State and local manpower programs should expand their services and provide more job recruitment, training, counseling, and placement services for older workers.

It is imperative that adequate funds based on population ratio, needs, and special circumstances be earmarked for special employment programs for older people. Aggressive efforts should be made to monitor effectively the use of such earmarked funds.

Immediate steps to end discrimination

We now have legislation designed to eliminate age discrimination in employment, but more vigorous enforcement is needed.

Federal, State and local governments should strictly enforce protective and antidiscriminatory laws and policies regarding employment opportunities, with the elimination of the age limit of 65 in age discrimination legislation. The Age Discrimination Act of 1967 should be expanded to cover all employees in both private and public sectors. There should be a Governmentally sponsored public relations and educational effort designed to induce employers voluntarily to hire more older workers.

Public service employment

Even improved manpower policies may not result in adequate employment opportunities for those willing and able to work.

It is the responsibility of the Government to assume the role of "employer of last resort" to provide meaningful and socially needed employment opportunities for those older workers willing and able to work, if all other programs fail to produce such results.

A minority favored expanded and innovative programs to meet employment needs of older persons, but questioned the concept of Government serving as "employer of last resort."

A Flexible Retirement Age

Our society presently equates employability with chronological age rather than with ability to perform the job.

Chronological age should not be the sole criterion for retirement. A flexible policy should be adopted based upon the worker's desires and needs and upon his physical and mental capacity. Policies and programs that provide employment opportunities after age 65 must be made available.

Realistic opportunities for retirement earlier than age 65 must be provided. Employers should be encouraged to adopt flexible policies, such as gradual or trial retirement.

The Need for New Policies

Existing policies fail to protect the worker who is forced to retire prematurely or who is unprotected by a pension plan.

New national policies and publicly and privately supported programs are needed to help workers who are forced to retire before the normal retirement age because of health problems or job displacement caused by technological changes or jobs requiring early-age retirement. New programs should be vested generally in existing agencies that have responsibility for dealing with these problems.

There should be created a continuously funded program by the Federal Government especially designed to maintain economic security for middle-aged and older workers during their period of transition from prematurely forced disemployment into suitable employment or retirement. During this period, a major objective would be to retrain and educate the disemployed to assure reemployability or to assist in mobilizing resources to assure a meaningful retirement.

All workers should be guaranteed a retirement income adequate to maintain a decent standard of living above the poverty level. Legislation must be enacted as soon as possible requiring early vesting, adequate funding and portability of pensions and to provide for Federal insurance for pensions.

Preretirement Preparation

Too many individuals fail to plan for retirement or plan too late.

Preretirement education and counseling should be provided locally throughout the Nation.by trained instructors, starting at least five years before normal retirement age. Information on problems and opportunities involved in retirement should be included in family living and other pertinent course at all educational levels.

Government at all levels, employers, unions, and educational institutions (especially through adult education agencies, the use of television) should encourage and promote preretirement counseling by trained instructors. Sp-cial courses for those nearing retirement are urgently needed.

Social Security Retirement Test

The earnings tests that results in withholding of social security benefits constitutes a financial hardship for older people.

The retirement test should allow persons to receive social security benefits without reduction up to the point where the total of social security plus earnings equals $5,000/yr. In no case should benefits be reduced for persons earning under $1,680.

Social Security Benefits

An immediate 25 percent increase in social security benefits was recommended, with a $150 minimum per month.

Need for Fixed Responsibility

A major overriding problem connected with the Administration of Employment and Retirement Policies is the lack of fixed responsibility by any single agency and lack of coordination by any single agency. The President should establish an office on aging within his executive office by executive order until Congress amends the Older Americans Act of 1965 to create a Department of Aging at cabinet level status.

A National Pension Commission with a Governing Board of management, labor and public representatives should be established to encourage the expansion and the improvement of pension plans with particular reference to: flexible retirement ages, liberal (early) vesting and portability, adequate funding, more general coverage, and job redesign.

A National "job bank" should be computerized by the Department of Labor to meet employer requirements. The "job bank" now being computerized should include job opportunities for retirees (including those in rural and small communities) who should be encouraged to register with the U.S. Employment Service.

The Federal Government shall develop a program for, and provide financing for, the establishment of local centers for the purpose of locating and bringing together older persons and potential employers on both a full-time and part-time basis. Federal funds will be chanelled through the various State administrations on Aging who will be responsible for approving applications for the establishment and financing of such centers by public and private agencies, and for the supervision of their operation.

Other Recommendations

A number of other recommendations will appear in the full report on the Section's work. For example, the special problems of certain groups of older workers were dealt with in the following:

For the Marianna Islands, a study should be made of the aged and how to alleviate their problems, especially of employment. A vocational instructor in a workshop to train older persons in nature crafts for sale to tourists is needed.

For all minorities, rural residents, migrants, and employees of small business Congress should enact a compulsory, universal and national portable pension plan administered through Social Security, (with tax advantages for the employer and the self-employed) to provide for those not normally covered by other pension plans.

PHYSICAL AND MENTAL HEALTH

Preamble

We, the delegates to the physical and mental health section of the 1971 White House Conference on Aging, assert that the U.S.A. must guarantee to all its older people health care as a basic right and a quality of life consistent with that which our nation should assure to this group who have made invaluable contributions to its development. In order to assure that quality of life, a basic requirement is the availability of a comprehensive system of appropriate health care.

A comprehensive system of appropriate health care requires that the full spectrum of presently known services be readily accessible. These must be of high quality and be delivered in the appropriate setting and at the appropriate time with concern for the dignity and choice of the individual and within a framework which guarantees coordination among the various levels of care, continuity of care over time, and the efficiency and effectiveness which will assure supportable costs.

To be comprehensive and systematic this health care must provide:

a. Assessment of health;
b. Education to preserve health;
c. Appropriate preventive and outreach services;
d. All physical, mental, social and supportive services necessary to maintain or restore health;
e. Rehabilitation; and
f. Maintenance and long-term care when disability occurs.

To be specifically responsive to the needs of the elderly, special attention must be given to the availability and quality of long-term care and to the development of adequate, appropriate alternatives to institutional care.

Community and consumer participation in the planning and delivery of such a system of services will tend to assure the responsiveness of the system to locally defined community need and the appropriate use of health manpower, facilities and financing.

The health section recognizes that, although the aged represent a minority, within this minority there are special problems experienced by racial and ethnic groups. Within the special concern expressed for the problems of the aged, particular attention must be accorded to make sure that these minorities are not doubly jeopardized.

In support of these basic premises the physical and mental health section submits the following policy proposals:

PHYSICAL AND MENTAL HEALTH

1. Health care for the aging must be provided as an integral part of a coordinated system that provides comprehensive health services to the total population; but immediate and special consideration and emphasis must be given to the problems of, and services for, the aging.

2. A coordinated delivery system for comprehensive health services must be developed, legislated, and financed to ensure continuity of both short and long term care for the aged.

3. A comprehensive health care plan for all persons should be legislated and financed through a National Health Plan. Pending the achievement of such a National Health Plan, the complete range of health care services for the elderly must be provided by expanding the legislation and financing of Medicare. Such expanded financing should be accomplished by means of a combination of Social Security Trust funds with a greatly expanded use of general revenues. Such expansion of Medicare should include elimination of deductibles, coinsurance and copayment, and all provisions discriminatory to the mentally ill as well as the establishment of congruent ages for Medicare and Social Security benefit eligibility. Both the immediate expansion of the current program and a future National Health Plan should provide for a public/private partnership in the delivery of services and for Federal financing and quality controls in order to assure uniform benefits and uniform application of the standards of quality. Centralized responsibility for standards and controls over health facilities and services must be combined with protection, for the patient and provider, from arbitrary, capricious, and varied application and interpretation of existing as well as new standards.

Minority Report

75 delegates opposed the Section's action eliminating the combination of Medicare and Medcaid expansion (through legislation and financing) as an alternate to expansion of Medicare only to achieve a comprehensive health care plan.

A minority expressed interest in having the section propose eliminating private insurance carriers as intermediaries in the Medicare program by submitting the following recommendation from the floor:

The fiscal aspects of the Medicare program should be administered by the Federal Government rather than by the private insurance carriers as intermediaries.

4. A continuing national program for education of all persons should be provided about the specific physical, mental, and social aspects of aging. Educational programs should be addressed to all ages and should include all stages of development so that the different age groups will better understand each other. Information on all aspects of aging should be included in educational courses at all levels. The aged themselves should be among those recruited, trained, and utilized in carrying out these programs.

5. Emphasis should be placed on including curricula or course contents on physical, mental and social aspects of aging in secondary schools, undergraduate and graduate professional education, and in in-service training and continuing education of health personnel. The development of specialists in the care of the elderly should also receive emphasis, especially with the view of developing professional, allied health professional, and other health personnel selected and trained to give compassionate and expert care to the aged. Funds must be provided to ensure the development of such programs as well as increase the supply of health manpower of all kinds.

6. The aging will best be served if available funds are divided among services, research, and education. Emphasis should be placed on funding of direct services but not to the exclusion of research and education which should receive a reasonable proportion of total resources available. Research findings now available should be assembled, coordinated, and incorporated into service programs.

   Specific attention should be given to increasing the funds available for basic research and for operational research with a strong suggestion that a gerontological institute be established within the National Institutes of Health to provide the essential coordination of training and research activities.

7. A center for aging should be established in the National Institute of Mental Health to meet the responsibilities for more research and training in the field of mental health of the elderly.

8. The President and Congress should authorize the appointment of a Commission on Aging, including a Committee on Mental Health of the Elderly, comprised of representatives from concerned Federal agencies, national organizations, Congress, and the judiciary, and private citizens to study, evaluate, and recommend a comprehensive set of policies for the Federal Government, the several States, and local communities to pursue in this vital area.

9. Congress should appoint a nationwide interdisciplinary committee to determine the scope and type of intervention procedures and protective services that would clearly protect the rights of the individual with health, mental health, and emotional problems requiring care. The rights of his immediate family and other close associates should be considered. This committee should include representatives of the religious, civil rights, civil liberties, legal, health and social services communities. Congress should appropriate sufficient funds to assure an in-depth study of all aspects of the individual's rights in relation to his needs for health services and the administration of his affairs until he can resume responsibility.

   Intervention procedures and protective services also should assure for elderly individuals their rights of self-determination in their use of health facilities and services.

   In order to promote and encourage the establishment of ombudsman services the nationwide interdisciplinary committee, or other suitable means, should be used to study and define the functions and roles of ombudsmen as separate and distinct, conceptually and in practice, from other protective services and from consumer participation in health and other matters affecting the elderly. Subsequent promotion of ombudsmen services should include financial support for their activities as well as programs to assure that their functions and findings are given full visibility at local, State and national levels and in both the public and private sectors.

Minority Report

A minority requested the Section to substitute the words "physical and mental health" for the amended word "health."

A minority requested the Section to eliminate the last paragraph referring to ombudsman services.

PHYSICAL AND MENTAL HEALTH

Additional Concerns
(From State Conference, Subsection Proposals, Delegates and other sources)

Preventive dental health measures to slow or halt chronic dental disease process.

Immediate and high priority for Presidental and Congressional definitions of national goals and philosophy in health .

Extension of age limit for retirement.

Special health education programs for disadvantaged minorities, ethnic groups, rural dwellers and other special groups.

Training for volunteers in health work.

Innovative alternates to currently know health care resources.

Innovative programs in existing setting, including long-term care.

Immediate steps to control spiralling cost of health services.

Transportation improvements with specific attention to elderly and disabled.

Research in nursing home administration.

Remove restrictive provisions and benefit reductions in HR-1.

Psychiatric and psychological care including groups as well as individual care.

Career ladder opportunities in training and employment of health personnel.

Improved Federal interagency collaberation in health care.

Consumer majority in control of design and operation of health programs.

Removal of currently restrictive medicare and medicaid policies.

Establishment of priorities among health section proposals.

Education on health matters for legislators and community leaders.

HOUSING

A national policy on housing for the elderly worthy of this nation must enjoy a high priority and must embrace not only shelter but needed services of quality that extend the span of independent living in comfort and dignity, in and outside of institutions, as a right wherever they live or choose to live.

Of particular concern and priority are the poor, the minority groups, the disabled, and the aged located in isolated rural areas.

Availability of housing in great variety is imperative. Such housing should respond to health and income needs and provide a choice of living arrangements. It should include sales and rental housing, new and rehabilitated housing, large and small concentrations. It should be produced by public agencies and by private profit and nonprofit sponsors, with incentives to encourage such housing in all communities.

Funds to support a massive and varied housing program and mechanisms for assuring appropriate services are imperative to the well-being of the elderly of this nation. A decent and safe living environment is an inherent right of all elderly citizens. It should become an actuality at the earliest possible time.

Housing Section Policy Recommendations

1. A fixed proportion of all government funds-Federal, State, and local-allocated to housing and related services, shall be earmarked for housing for the elderly; with a minimum production of 120,000 units per year.

2. Eligibility for the benefits of publicly assisted low and moderate income housing and related services shall be based on economic, social and health needs. Recipients having incomes above an established minimum level shall pay for benefits on a sliding scale related to their income.

3. The Federal Government shall ensure that State, Regional, and local governments and private non-profit groups produce suitable housing for the elderly on the basis of documented need. The Federal Government shall encourage production through the uniform application and use of appropriate incentives.

4. A variety of living arrangements shall be made available to meet changing needs of the elderly. Such arrangements shall include residentially oriented settings for those who need different levels of assistance in daily living. The range shall include long-term care facilities for the sick; facilities with limited medical, food and homemaker services; congregate housing with food and personal services; and housing for independent living with recreational and activity programs.

5. Supportive services are essential in the total community and in congregate housing. Emphasis shall be given to providing more congregate housing for the elderly which shall include the services needed by residents and provide outreach services to the elderly living in adjacent neighborhoods when needed to help older people remain in their own homes.

6. The State or Federal Government shall provide mechanisms to make possible local property tax relief for the elderly homeowner and renter.

7. Every effort shall be made to eliminate red tape and procedural delay in the production of housing for the elderly.

8. Particular attention shall be given to the needs of all minority groups and the hard-core poor elderly. At least 25% of the elderly housing shall be for the hard-core poor elderly, those with incomes at the poverty level or less per year.

9. All Federal agencies dealing with housing for the elderly shall be required to establish multi-disciplinary teams to formulate guidelines for architectural standards based on the needs of the elderly. The multi-disciplinary teams shall also have authority to review and approve innovative proposals.

10. Minority Non Profit Groups shall be encouraged and assisted in developing housing for the elderly.

11. When housing units for the elderly are eliminated for any reason, adequate replacement units must be available and relocation programs provided before such persons are displaced.

12. Congress should revise the definition of a family in the National Housing Act to include single persons 55 and over.

13. The Federal Government shall encourage the preservation of neighborhoods of special character through rehabilitation a selective replacement of substandard dwellings with new dwellings, with full provision for the elderly of the area to remain in their familiar environment.

14. Housing funds now impounded by the Administration should be released and the highly effective Section 202 of the Housing Act with its special guidelines related to space, design, construction, and particularly favorable financing restored.

New Section 202 projects should be established by recirculating monies now being sent to the United States Treasury from mortgage payments and Section 202 conversions to Section 236 or like programs. Such conversions of current Section 202's should be encouraged by establishing incentives.

The senior housing loan Section 202 administrative component of HUD should have management audit responsibility for all Section 202 projects and all Section 236 elderly projects.

15. The rent supplement program shall be increased in dollars and eligibility.

16. Financial incentives shall be available to families providing housing and related care in their own homes, or in appropriate accommodations, for their elderly relatives.

17. The Federal government shall provide financial incentives to State and local governments to encourage property tax exemption of voluntary, non-profit sponsored elderly housing projects.

18. The inability of the elderly to financially maintain their homes because of high maintenance costs and increasing taxes resulted in the recommendation that interest-free, nonamortized loans be made available, the amount of the loan to be related to income, with repayment either upon the death of the borrower or the transfer of the property. As an additional element of national policy, it is proposed that ways or mechanisms be researced to enable older homeowners to voluntarily utilize the equities in their homes, to increase their discretionary income while remaining in their own homes.

19. Congressional action shall be taken to establish within the Department of Housing and Urban Development an Office of Assistant Secretary of Housing for Elderly. This office shall have statutory authority and adequate funding to provide overall direction toward the implementation of a National Policy and the production of housing for the elderly.

20. Executive action shall be taken to create an Executive Office on Aging within the Office of the President.

21. Congressional action shall be taken to create a Special Committee on Aging in the House of Representatives.

22. The Congress shall enact legislation to safeguard the elderly property owner or purchaser from unscrupulous real estate developers and or promoters.

23. The Congress shall enact legislation providing special funds for adequate housing and supportive programs to meet the unique needs of rural elderly Americans including those on Indian Reservations.

24. Standards for physical and enviromental security should be developed and applied as an integral and basic element of all housing projects serving the elderly.

25. Competent service to the elderly in housing requires sound research widely disseminated and utilized, covering many aspects of their living arrangements. Such research shall be undertaken to cover the health, physical, psychological, and social aspects of environment in urban and rural areas; to delineate the needs of elderly over 80 years of age; to determine the needs of transient elderly; to establish the importance of selecting appropriate locations; and to provide safe and adequate construction. Particular attention is directed to the consequences to vulnerable older people of improper sales methods and inadequate housing arrangements. There also shall be undertaken a well conceived and well-financed program of training for professional and semi-professional staff to develop effcient and competent management in developments for the elderly.

INCOME SECTION

Introduction

There is no substitute for income if people are to be free to exercise choices in their style of living.

The income of elderly people in the past left the greater number of them with insufficient means for decent, dignified living. During the sixties the elderly as a whole enjoyed improvements through greater employment opportunities and better old age security and other public and private benefits. The last two years may have witnessed the reversal of these trends toward improvement as inflation continued to erode the purchasing power of fixed incomes, and rising unemployment reduced job opportunities for older workers. The economic situation of the elderly, if past experience is repeated, will improve more slowly than that of younger groups even with an upturn in the national economy. Direct action to increase the income of the elderly is urgent and imperative.

Recommendations

Income adequacy.--The immediate goal for older people is that they should have total cash income in accordance with the "American standard of living."

We therefore recommend the adoption now, as the minimum standard of income adequacy, of the intermediate budget for an elderly couple prepared by the Bureau of Labor Statistics (nationally averaging about $4,500 a year in Spring 1970). This level must be adjusted annually for changes in both the cost of living and rising national standards of living. For single individuals the minimum annual total income should be sufficient to maintain the same standard of living as for couples (not less than 75 percent of the couple's budget). For the elderly handicapped with higher living expenses, the budget should be appropriately adjusted.

Providing floor of income.--The basic floor of income for older people should be provided through a combination of payments from the Social Security system and payments from general tax revenues.

This proposal would retain the basic features of the Social Security program. In addition, there should be a supplementary payment system based on an income test to bring incomes up to the minimum, financed entirely from Federal Government general revenues and included in a single check from the Social Security Administration.

Liberalizing the retirement test.--Many older persons work in order to supplement their retirement income.

The exempt amount of earnings under the Social Security retirement test should be increased to not less than $3,000 a year (adjusted periodically to changes in the general level of wages).

The offset formula of $1 reduction in benefits for each $2 of earnings should apply to all earnings in excess of the exempt amount.

Elimination of the test would cost an additional $3 billion, and there are more urgent needs to which this sum could be applied than paying benefits to persons who are still employed at more than the exempt levels.

Widow's benefits.--Increasing numbers of women without dependent children who have not been regularly employed are becoming widowed before age 60. We recommend that they be eligible to receive widow's benefits starting at age 50 to help fill the income gap until they are eligible at the later age to receive their Social Security benefit.

Extending "special age-72" benefits.--Certain residents of the Commonwealth of Puerto Rico, Samoa, the Virgin Islands, and Guam are presently excluded from special benefits which are otherwise applicable to persons over the age of 72 who reside in the United States.

We recommend that the 1965 amendments to the Social Security Act, providing for special benefits to all persons 72 years of age and older not otherwise receiving benefits, be applied without discrimination to all residents of Puerto Rico and the territories and possessions of the United States.

Position of disadvantaged groups under Social Security.--Studies should be made to determine whether there are disadvantaged groups within the population whose age at retirement or benefits under the Social Security system may be inequitable because of shorter life expectancy due to social and economic conditions or racial discrimination.

Financing Social Security.--The financing of the Social Security system should include a contribution from general revenues. The whole structure of payroll taxes should be reviewed to lighten this burden on low-income workers.

Private pensions.--Social Security benefits provide a basic protection which should continue to be improved but which can be augmented through private pension plans.

The Federal Government should take action to encourage broader coverage under private pension plans and ensure receipt of benefits by workers and their survivors. It should require early vesting and/or portability, survivor benefits, and complete disclosure to beneficiaries of eligibility and benefit provisions of the plans. In addition, Federal requirements should assure fiduciary responsibility, minimum funding requirements and protection, through reinsurance and other measures, of the promised benefits.

Remission of property taxes.--It is desirable that older persons be enabled to live in their homes.

States and localities should be encouraged to remit part or all of the residential property taxes on housing occupied by older persons as owners or tenants who qualify on the basis of an appropriate measure of income and assets. Remission is to be achieved by Federal and State grant programs to State and local taxing authorities to compensate for reduced revenues.

Meeting health needs.--This nation can never attain a reasonable goal of income security so long as heavy and unpredictable health costs threaten incomes of the aged.

Priority consideration should be given to the establishment of a comprehensive national health security program which would include the aged as well as the rest of the population. Financing the program solely through wage and payroll taxes and contributions from Federal general revenues would ensure that health care expenses would be a shared responsibility of the government, employers and individuals. There should be no deductibles, co-payments, or co-insurance.

Until such a system is established, the benefits of Medicare-Medicaid should be increased immediately to include, at a minimum, out-of-hospital drugs, care of the eyes, ears, teeth, and feet (including eyeglasses, hearing-aids, dentures, etc.); and improved services for long-term care, and expanded and broadened services in the home and other alternatives to institutional care. Here, too, there should be no deductibles, co-payments, or co-insurance.

Government should assume responsibility for assuring an adequate supply of health manpower and essential facilities and for improving the organization and delivery of health services.

* * * *

We support the establishment of a special committee of the House of Representatives which will devote its attention to all social and economic problems of the aged, including income, health, housing, and other needs areas reflected in the organization of this Conference.

Our nation has the resources to effectively carry out the proposals made by this Section provided there is a re-ordering of national priorities.

NUTRITION

Introduction

We take it for granted that all older Americans should be provided with the means to insure that they too can enjoy life, liberty, and the pursuit of happiness. Adequate nutrition is obviously basic to the enjoyment of these rights.

Food is more than a source of essential nutrients - it can be an enjoyable interlude in an otherwise drab existence. Thus, provision should be made to meet the social as well as the nutritional needs of older people. A factor that adds dignity and significance to the life of the aged is the feeling that they too are useful and important. Assistance should be provided to make possible preparation of meals for themselves and others. Community meals, however, should be an alternative. Volunteer groups can be involved in such services as transportation, shopping, and distribution of hot meals. Young people should be encouraged to participate in these services and to join the elderly in meals.

All nutrition programs should be supplemented by appropriate educational measures. Older people should be protected from food quackery and unfounded nutritional claims. Lack of research, evaluation and communication leads to failure of otherwise good programs and to the perpetuation of poor programs. The search for more efficient and better means of providing for the good nutrition, health and happiness of older people should be a continuous process.

All recommendations regarding the nutrition of aging Americans should clearly include the elderly in small towns, rural and isolated areas, and the elderly in minority groups. Special cognizance must be taken of the long neglected needs of older Indians and other non-English speaking groups.

Majority Policy Proposals

1. It is recommended that the Federal Government allocate the major portion of funds for action programs to rehabilitate the malnourished aged and to prevent malnutrition among those approaching old age. However, adequate funds should be allocated for a major effort in research on the influence of nutrition on the aging process and diseases during old age in order to give meaning and impact to the action programs. Appropriate research findings must be made available to all action programs.

   Since approximately one-half to one-third of the health problems of the elderly are believed to be related to nutrition, we recommend that pilot programs be set up for the evaluation of the nutritional status of the elderly.

2. The Federal Government should establish and more strictly enforce high standards with specific regulations for the food and nutrition services provided by institutions and home care agencies that receive any direct or indirect Federal funds, require a high level of performance from State Government enforcement agencies, and when necessary, provide financial

assistance to bring non-profit organizations up to standard. These standards should include such important areas as quality and nutritive value of food; methods of handling, preparing and serving foods; the special dietary needs of individuals; and the availability of and accessibility to nutritional counseling.

It is recommended that nutrition services and nutrition counseling be a required component of all health delivery systems, including such plans as Medicare, Medicaid, health maintenance organizations, home health services, extended care facilities, and prevention programs.

3. Government resources allocated to nutrition should be concentrated on providing food assistance to those in need. However, a significant portion of these resources should be designated for nutrition education of all consumers, especially the aged, and to the education by qualified nutritionists of those who serve the consumer including teachers in elementary and secondary schools, doctors, dentists, nurses, and other health workers. This can be accomplished immediately by increasing personnel and funds in existing agencies and institutions.

4. Federal Government policy must offer the older person a variety of options for meals, but should stress the favorable psychological values and the economies inherent in group feeding. The policy should require all Federally-assisted housing developments to include services or to insure that services are available for the feeding of elderly residents and for elderly persons to whom the development is accessible. Where a meal is provided, it should meet at least 1/3 of the nutrient needs of the individual. The policy should also require the provision of facilities (including transportation) for food purchase and meal preparation within each household of the development. In addition, Federal policy should encourage and support community agencies to provide facilities and services for food purchase, meal preparation and home delivered meals (often called Meals-on-Wheels) for eligible persons living outside housing developments or in isolated areas.

5. It is recommended that the Federal Government assume the responsibility for making adequate nutrition available to all elderly persons of the U. S. and its possessions.

   Minimum adequate income (at least $3,000 per single person and $4,500 per coup couple) must be available to all elderly. Until money payments are increased above this minimum level existing food programs should be strengthened, including nutrition education, to meet the needs of the elderly. Therefore, it is recommended that:

   a) In addition to store purchases of food, food stamps be used for the purchase of meals in participating restaurants, school and community settings, and any approved home delivery systems.

b) The food stamp program must be structured to conform to the USDA low-cost food plan at no increase in the cost of food stamps to the recipient.

c) As long as low income social security recipients are on fixed incomes they should be eligible for self-certification for food stamps and/or Public Assistance cash grants.

d) Food stamp applications should be mailed with social security checks and stamps sent to older persons through the mail or by some other efficient, practical and dignified distribution method.

e) The purchase of food stamps should be encouraged and facilitated by providing the first food stamp allotment without cost to the recipient, by permitting more frequent purchases and by distributing stamps at senior citizen centers.

f) The approximately 1000 counties in the United States still using the Commodity Program must switch by December 31, 1972, to the Food Stamp Program for the individual feeding of the elderly. Until this is accomplished the federal donated food should be made nutritionally appropriate, in packages of suitable size, and at readily accessible places.

It is recommended that the equivalent of a National school lunch program be established for Senior Citizens, not be limited to school facilities or to low income persons. Basic components of the program should be:

a) All USDA commodities should be fully available on the same basis as to the school lunch program.

b) Funding should provide for adequate staff, food, supplies, equipment, and transportation.

c) Elderly people should be employed insofar as possible.

d) Auxiliary services should be built in, including recreational, educational and counseling programs.

It is recommended that nutrition specialists already in the field direct the recruitment of volunteers and/or paid part-time aides from among the elderly and train them to teach sound nutritional practices to older people in groups and in their homes. Qualified social workers should be utilized in getting client acceptance of the services being made available.

6. The responsibility for producing quality food rests with the food industry. However, it is the responsibility of the Federal Government to establish and enforce such standards as are necessary to insure the safety and wholesomeness of our National food supply, as well as improve nutritive value. To do this requires more personnel and funding. State requirements that meet or exceed Federal standards must be established, implemented and monitored with Federal support. Particular attention should be given to both nutrient and ingredient labeling of food products as a means of achieving greater consumer understanding. An inclusive list of the ingredients in any processed food should be made available by the manufacturer to the consumer on request.

RETIREMENT ROLES AND ACTIVITIES

As we grow older, we continue to need to occupy roles that are meaningful to society and satisfying to us as individuals. However, we emphasize the primacy of such basic necessities as income, health and housing and these needs must be adequately met.

Twenty million older people with talents, skills, experience and time are an inexhaustible resource in our society. We represent all segments of the population; our abilities, our education, our occupational skills, and our cultural backgrounds are as diverse as America itself.

Given proper resources, opportunities and motivation, older persons can make a valuable contribution. We are also capable of being effective advocates of our own cause and should be included in planning, in decision making and in the implementation of programs. Choice of roles must be available to each older person despite differences in language and ethnicity, and limitation because of disability or level of income. The lives of Americans of all ages will be enriched as the nation provides opportunities for developing and utilizing the untapped resources of the elderly.

Policy Proposal #1

Society - through government, private industry, labor, voluntary organizations, religious institutions, families and older individuals - must exercise its responsibility to create a public awareness of changing life styles and commitments in a continuous life cycle. Together they should discover and implement social innovations as vehicles for older persons to continue in, return to, or assume roles of their choice. These innovations should provide meaningful participation and leadership in government, cultural activities, industry, labor, welfare, education, religious organizations, recreation and all aspects of volunteer services.

Implementation

Programs at federal, state and local levels which provide opportunities for community service by older persons should be strengthened and expanded.

Mechanisms should be developed for continuing the work of successful demonstration programs, until such programs become unnecessary or self-sustaining.

Older people should not be further isolated. Attention must be paid to making opportunities for community service accessible as well as available to all older persons.

Policy Proposal #2

Program efforts to meet role problems and to create new role opportunities should be designed to serve all segments of the older population. Priorities should be determined according to local and individual needs; special effort must be made to include persons who might otherwise be excluded - the impoverished, the socially isolated, the ethnic minorities, the disabled and the disadvantaged.

Policy Proposal #3

Society should adopt a policy of preparation for retirement, leisure, and education for life off the job. The private and public sectors should adopt and expand programs to prepare persons to understand and benefit from the changes produced by retirement. Programs should be developed with government at all levels, educational systems, religious institutions, recreation departments, business and labor to provide opportunities for the acquisition of the necessary attitudes, skills and knowledge to assure successful living. Retirement and leisure time planning begins with the early years and continues through life.

Implementation

While retirement preparation is both an individual and total community responsibility, every employer has a major responsibility for providing preparation-for-retirement programs during the working hours.

The function of Social Security district offices should be expanded to include the additional role of offering individual pre-retirement counseling.

Policy Proposal #4

Social policy should encourage families to assume the responsibility for providing supportive services to older family members; however, society must insure the availability through government and community organizations to all older people of comprehensive supportive services which they are unable to provide independently.

Implementation

The federal government should move immediately to develop models for a network of supportive services for all elderly citizens. Implementation should be the ultimate responsibility of the local community.

In funding supportive services, federal funds should be provided to applicant agencies and local communities as well as state organizations.

The availability of such services should be made known through a program of public information.

Policy Proposal #5

Public policy should encourage and promote opportunities for the greater involvement of older people in community and civic affairs, and for their participation in formulating goals and policies on their own behalf as a basis for making the transition from work to leisure roles. Society should re-appraise the current life style sequence of student/ worker/ retiree roles, and promote role flexibility.

Policy Proposal #6

We recognize that many problems of aging Americans are problems for all Americans, and we urge the Conference to request the re-ordering of the nation's priorities.

All citizens will benefit from elimination of poverty, preservation of the environment, more adequate health care services, better housing, transportation and the control of disease and physical disability.

Therefore, we recommend that the Chairman of the 1971 White House Conference on Aging appoint a select committee of delegates to prepare a preamble for action which calls for a re-ordering of our nation's priorities, and that recognizes that the strength and success of America will be judged on how well the needs of its own people are served.

Policy Proposal #7

We recommend that the President and the Congress, either by executive order or by congressional action, give immediate priority to the re-structuring of the Administration on Aging and its establishment as a visible, effective advocate agency for the elderly at the highest level of government so that it will directly relate to the Executive Office of the President.

Policy Proposal #8

Since older persons have special needs, we recommend that public programs specifically designed for the elderly should receive categorical support for the elderly, rather than compelling the aged to compete for services, activities, and facilities intended for the general population.

Policy Proposal #9

It should be the responsibility of the federal government, in cooperation with other levels of government, to provide funds for the establishment, construction and operation of community oriented multi-service centers designed for older citizens. Industry, labor, voluntary and religious organizations should assist in the planning and implementation.

Policy Proposal #10

In order to encourage further activity on the part of older Americans, it is recommended that the work means test be modified so as to allow unlimited earnings without the reduction of Social Security benefits.

Policy Proposal #11

The information media are so important in the formation of public attitudes that it is recommended that special attention be given to enhancing the image of older persons, and to disseminating the recommendations of the 1971 White House Conference on Aging and its follow-up activities.

Policy Proposal #12

The Administration on Aging should arrange for the publication of status reports to the delegates, at six month intervals, on action taken on the recommendations of the 1971 White House Conference on Aging.

Policy Proposal #13

Training and research agencies, including university programs which relate to recreation and leisure, should be encouraged to concern themselves with the needs of older persons as an integral part of their training curriculum.

Policy Proposal #14

We endorse a program looking toward continuing physical fitness of men and women before and during the years of retirement. Such a program should be implemented by governmental support in cooperation with voluntary agencies which have a long history of experience in this field.

Policy Proposal #15

Because reciprocity often does not permit the full use of elderly professionals whose services are badly needed, we urge the National Conference of Commissioners on Uniform State Laws, in cooperation with the professions, to develop and promulgate a minimum national standard for admission to the medical, dental, legal and other professions, which standard permits quality professional practice, and that each state adopt such a uniform standard of professional practice.

SPIRITUAL WELL-BEING

Spiritual well-being relates to all areas of human activity. In referring to man's spiritual well-being, we consider those aspects of life "...... pertaining to man's inner resources, especially his utltimate concern the basic value around which all other values are focused, the central philosophy of life - whether religious, anti-religious, or non-religious - which guides a person's conduct, the supernatural and non-material dimensions of human nature."

Whether rich or poor, advantaged or disadvantaged, every person has a right to achieve a sense of spiritual well-being. "We believe that something is wrong with any society in which every age level is not clearly of meaning and of value ot that society. The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love, and wisdom." 1/

As delegate to the White House Conference on Aging in the section concerned for spiritual well-being, we call attention to this fact of life: to ignore, or to attempt to separate, the need to fulfill the spiritual well-being of man, from attempts to satisfy his physical, material, and social needs is to fail to understand both the meaning of God and the meaning of man.

Whether it be the concerns for education, employment, health, housing, income nutrition, retirement roles, or transportation, a proper solution involves personal identification, social acceptance, and human dignity. These come fully only when a man has wholesome relationships with both fellowmen and God.

The concerns apply to all ages. Basic needs do not necessarily change with age, but they often are intensified.

Therefore, the White House Conference on Aging states that all policies, programs, and activities recommended in a National Policy on Aging should be so developed that the spiritual well-being of all citizens should be fulfilled.

In this context the Section on Spiritual Well-Being of the White House Conference on Aging makes the following policy recommendations:

1/ Bollinger, Thomas W. 1969. "The Spiritual Needs of the Aging." In The Need for a Specific Ministry to the Aged (Southern Pines, N. C.: Bishop Edwin A. Penick Memorial Home, 1969), pp. 50-51.

Since all persons have the "right" to the privileges of citizenship, no person because of his religion, race, creed or national origin should be denied that "right" which includes access to all avenues of assistances.

Proposal

The government should cooperate with religious bodies and private agencies to help meet the spiritual needs of the elderly, but in doing so should observe the principle of separation of Church and State.

Proposal

The government should cooperate with religious organizations and concerned social and educational agencies to provide research and professional training in matters of spiritual well-being to those who deliver services to the aging.

Proposal

It is recommended that the government provide financial assistance for the training of clergy, professional workers, and volunteers to develop special understanding and competency in satisfying the spiritual needs of the aging.

Proposal

It is recommended that all licensing agencies in the State require that institutions caring for the aged must provide adequate chaplaincy services. In certain instances in which cooperating church organizations cannot obtain financial support for such service, government should be empowered to supply it upon the recommendations of the State Commission on Aging or other appropriate agencies.

Proposal

It is recommended that the Federal government should establish a continuing system of evaluation of present and proposed government funded programs serving the elderly. One of the functions of such a system would be a determination of a program's effect upon the spiritual well-being of the elderly.

Proposal

It is recommended that a much greater, more diverse information flow is necessary to acquaint the elderly with all the services which are available to them. Social Security Administration should be required to disseminate adequately the information necessary to acquaint the elderly with all the services which are available to them, such as by enclosing information with social security checks.

* * * *

In efforts to meet the spiritual needs of the aging, it is essential that both group and individual needs be recognized. Both group, (inter-generational, inter-racial, geographical, etc.) and individual desires must be recognized in all situations, and the alternative choices that most effectively provide solutions be available.

Proposal

Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs. It is noted that special attention should be given to allowing older persons to share in the planning and implementations of all programs related to them.

Proposal

As a part of total programming for older persons, communities should make available religious or other spiritual consultation to the aged in their own homes, using the clergy and other trained persons. Special emphasis shall be given to assist and utilize personnel of those religious bodies lacking financial resources often available to larger groups.

* * * *

Any discussion of the spheres of interest of religious organizations must recognize that, though spiritual and social concerns may have definable aspects unique to themselves, to ignore their many areas of inter-dependency is to lessen the totality of each.

Proposal

Since man is a whole being with inter-related and inter-dependent needs, religious organizations should be actively concerned with spiritual, personal and social needs.

Proposal

Religious organizations must be aware of agencies and services, other than their own, which can provide a complete ministry to older persons; other organizations designed for the benefit of older persons should develop as a part of their services channels to persons and agencies who can help in spiritual problems.

Proposal

Religious bodies should exercise a strong advocacy role in meeting the needs of the elderly, working for programs, both public and private, that contribute to the well-being of the elderly and protecting them from those who would victimize or demean them.

We live in an age of ecumenism. While each religious body has inherent rights to provide opportunity for full participation in developing policy and implementing programs, the large and most visible religious bodies should be aware of and cooperative with all other religious bodies.

Proposal

Religious bodies have traditionally and properly developed their own philosophies. We recommend that they work together with the elderly and coordinate their efforts with other groups to develop and declare an affirmation of rights for the elderly. These rights should include the basic values of all while insuring the basic right of freedom of religion.

Proposal

It should be the national policy that religious bodies and other private agencies make it their concern to bring together the services of the entire community to provide opportunity for interfaith broad-based community programs for the aged through multi-purpose community centers.

* * * *

Any discussion of the spirituall well-being of man must include all aspects of life, even that of death. Although there are strong arguments in any such discussion, they are best resolved by open discussion.

Proposal

Religious bodies and government should affirm the right to, and reverence for life and recognize the individual's right to die with dignity.

TRANSPORTATION

Introductory Statement

It has been unanimously agreed by the State and Territorial Conferences, the National Organization Task Force, the Technical Committee on Transportation and the Delegates of the Transportation Section of this Conference that meeting the transportation needs of the elderly is a problem of vital concern. For many of the elderly the lack of transportation itself is the problem; for others, it is the lack of money for bus fares; the lack of available services to places they want and need to reach; the design and service features of our transportation systems. These problems interact with one another and in doing so further augment the transportation difficulties of the elderly. For example, their low incomes often force them to live in poor transit service areas and prevent them from owning private automobiles. Rising fares and reduced services of financially declining transit companies restrict their travel. Even where transit is available, design features and the lack of directional information may preclude access to available part-time work which might improve their incomes.

The elderly, like everyone in society, must depend upon the ability to travel for acquiring the basic necessities of food, clothing, and shelter as well as employment and medical care. The ability to travel is also necessary for their participation in spiritual, cultural, recreational and other social activities. To the extent the aged are denied transportation services they are denied full participation in meaningful community life.

It is essential that the needs of all the elderly be considered. In the establishment and operation of the transportation systems and services proposed in the policy recommendations, provision must be made to serve the ethnic and cultural needs of minority groups. In addition, because the transportation needs of the rural elderly are critical, they must be assured of receiving all the benefits associated with the recommendations of this Conference.

The implications of the failure of our transportation network to meet the needs of the elderly have received widespread attention and study by Congressional committees, advisory boards, the President's Task Force on Aging, and numerous other goal-generating sources. They have repeatedly affirmed that the opportunity for a wide range of life choices is a basic right of the elderly; that mobility is a necessary precondition for free and dignified choice; that maximization of choice through programs to increase the mobility of the aged ought to be the overall goal of public policy for the older citizen.

The Delegates of the Transportation Section are in agreement with these goals. However, the transportation needs of the elderly cannot wait for more studies. Immediate action is needed. The transportation policy recommendations are a call for action now. The order of presentation of recommendations in this report shall not be considered as an ordering of the priority of the recommendations.

POLICY RECOMMENDATIONS

The following are the policy recommendations passed unanimously or majority vote except where otherwise noted.

Transportation Subsidies

The Federal Government shall immediately adopt a policy of increasing transportation services for the rural and urban elderly. The policy should be flexible encompassing various alternatives. Both system subsidies and payments to elderly individuals may be needed, the choice depending upon the availability and usability of public and private transportation.

Subsidies should be made available not only for existing systems, but also for the development of flexible and innovative systems, especially where there are no existing facilities.

Financial support should be directed toward accomplishing program purposes such as:

1. Reduced or no fare transit for elderly people.

2. Operating and capital subsidies.

Transportation For All Users

The Federal Government shall act immediately to increase support for the development of transportation for all users, with special consideration given to the needs of the elderly, the handicapped, rural people, the poor and youth.

Transport Coordination

Publicly funded programs for the elderly shall be designed so that transportation will be required as an integral part of these programs, whether transportation is provided directly by the programs or through other community resources.

Public policy shall require coordination of existing transportation and/or new planned transportation with publicly funded programs for the elderly.

Transport Coordination

To assure maximum use of vehicles and coordination, all government passenger vehicles (such as school buses, vans and other vehicles) in use by Federal, Regional, State, County and City programs shall be made available interchangeably among agencies for the provision of transportation to senior citizens for their respective programs. The use of these vehicles shall be available without prejudice to serve all disadvantaged elderly.

An area clearinghouse should be established so that all local transportation resources are used efficiently to meet the transportation needs of the elderly.

Individualized Flexible Transportation

The Federal Government shall provide leadership and financial support for the development of individualized, flexible transportation for the elderly which provides increased access to health care facilities, shopping, religious, social, recreational, and cultural activities. Programs should be implemented by local and state governments, private enterprise and voluntary community action.

Minimum Design and Safety Standards

The Federal Government, in cooperation with state and local governments and other agencies, shall set minimum standards for the design of equipment and facilities and shall develop programs to assure the safety, comfort, and convenience of the elderly as pedestrians, drivers, and users of transportation services. Implementation and enforcement of these standards should be by local and state governments unless preempted by the Federal Government.

Design and Safety Features

Transportation systems and services developed or subsidized by public funds shall be designed in an architecturally barrier-free manner in order to provide accessibility for all people.

The Federal Government shall provide guidelines to State and local governments to assist in the development of improved ancillary services such as: terminal design, shelters, centralized transit information, traffic control, and crosswalk markings. Where appropriate, symbols, multi-lingual signs and other devices will be used to facilitate movement of all users.

Reduced Fares

Appropriate legislation at all levels of government should provide that the elderly and handicapped be allowed to travel at half fares or less on a space available basis on all modes of public transportation.

Transportation Fund

The Federal Government should move immediately to adopt a policy which will both increase the level of funding available to the development and improvement of transportation services and also foster the coordination of all forms of transportation, public and private, at federal, state, regional, and local levels of responsibility.

The Congress of the United States is urged to immediately adopt legislation to convert the Highway Trust Fund into a General Transportation Fund to be utilized for all modes of transportation.

A portion of the General Transportation Fund shall be made available for the development of new transportation services and the improvement of existing transportation services for the elderly.

Drivers Licensing

A nationwide set of driver's licensing standards shall be established that do not discriminate against the elderly on the basis of chronological age alone.

Volunteer Driver Insurance

In designing new flexible transportation services, the Federal Government should establish a national policy for guaranteed liability insurance to cover volunteer drivers.

Encouragement For Volunteer Drivers

Individuals should be encouraged to serve as volunteer drivers for the elderly in one or more of the following ways: reimbursement for out-of-pocket cost of services rendered; a tax break; use of publicly-owned vehicles; or assistance with insurance and maintenance of vehicles.

Governmental Appointments

An elderly person knowledgeable in the affairs of the elderly shall be appointed as an assistant reporting directly to the Secretary of Transporation to represent the needs of the elderly and work toward implementation of their transportation programs.

Insurance Cancellation

The Federal Government and/or state governments should pass legislation prohibiting insurance companies from increasing auto insurance premiums or cancelling policies on the basis of age alone.

No-Fault Insurance

Exploration of the concept of no-fault insurance and the possibility of government operated insurance programs and experimentation now underway in the various States which would further the development of better insurance programs shall be encouraged.

*Minority Proposal

> Exploration of the concept of no-fault insurance and experimentation now underway in the various States which would further the development of better insurance programs shall be encouraged.

Transportation For the Rural Elderly

All levels of Government shall take immediate steps to correct the present lack of provisions for the basic transportation needs of the rural elderly. Federal laws shall be amended to include specific definitions of responsibility for rural transportation by the Department of Transportation.

Transporation and Federal Action

In the absence of state or local response to the transportation needs of all users, especially the elderly, handicapped, rural, poor and youth, the Federal Government shall be empowered to act unilaterally in their interest.

Private Housing Transportation Needs

Individualized and/or public transportation shall be incorporated in the planning of all privately funded senior housing projects to meet the needs of the elderly.

Jurisdictional Coverage

All policies adopted as a result of the recommendations of this conference shall be applicable to all of the United States, the Commonwealth of Puerto Rico and all other territories associated with the United States.

Special Problem: Reservation Indians

Because American Indian Reservations are considered to be outside of state jurisdiction, American Reservation Indians are not eligible for existing or proposed state funded transportation services.

The Federal Government should recognize the unique transportation problems of American Reservation Indians, and shall immediately provide through subsidies new transportation services that assure American Reservation Indians transporation to health care, educational, social, religious, recreational, cultrual and shopping facilities.

Post Conference Action

It is proposed that the 1971 White House Conference on Aging and subsequent follow up of this Conference can benefit by including in their structured deliberations a special section or workshop having a kind of free-wheeling assignment to offer new and creative ideas. Such a section would not be bound by structured issues. It would be composed of leaders from the elderly and a cross-section of all the major fields of society. It would examine the issues and underlying value-systems which limit self-determination and inhibit the elderly persons' opportunity to be productive. This section would suggest new basic concepts not now explored in the field of aging. Said concepts would go beyond our basic view of the elderly persons' role in society.

FACILITIES, PROGRAMS, AND SERVICES

National policy should guarantee to all older persons real choices as to how they shall spend their later years. Older persons should be enabled to maintain their independence and their usefulness at the highest possible levels. They must have the opportunity for continued growth, development and self-fulfillment and for expanded contributions to a variety of community activities.

In addition to adequate income, an effective network of facilities, programs, and services must be readily available and accessible to permit them to exercise a wide range of options, regardless of their individual circumstances or where they happen to live. Such facilities, programs, and services must be available whether the need for them is short term or long term. They may be under public or voluntary auspices.

Attention must be given now to identify and provide those services which make it possible for older persons to remain in, or return to, their own homes or other places of residence. Whatever the type of resource required to assist them in maintaining the living arrangements of their choice, whether institutional or community based, appropriate standards for those resources must be established and strictly enforced.

Action is needed in forging a national social policy on protection of the older person's rights and choices that will be reflected in provision of a wide range of facilities, programs, and services, whether preventive, protective, rehabilitative, supportive or developmental in their focus. To this end there must be strategies for achieving action now, including Federal fiscal support to implement the policies which follow.

POLICY RECOMMENDATION #1

Majority Recommendation

Tax funds should be more equitably allocated to maximize the likelihood that older persons will continue to live independently and to help assure that older persons will have a choice of living arrangements. To achieve this, a full range of supportive community services, public and private, must be adequately financed. Public funds must be allocated in sufficient magnitude to assure such quality institutional care, from minimal to maximal, as may be needed at various stages in an older person's life. The level and quality of care and services shall be provided without regard to source of payment.

POLICY RECOMMENDATION #2

Majority Recommendation

Services to older people should be provided through a combination of governmental, private non-profit and commercial agencies. The Federal Government should be responsible for financing a minimum floor for all services. These services may be procured from private non-profit and/or commercial sources at the election of local and State governments.

Minority Recommendation

Services to older people should be provided through a combination of governmental, private non-profit and commercial agencies. The Federal Government should be responsible for financing a minimum floor for all services. These services may be procured from private non-profit and/or commercial sources.

POLICY RECOMMENDATION #3

Majority Recommendation

Primary responsibility for planning and coordination of health, welfare and other services for the older population should be placed in a public service agency with divisions at the Federal, State and local level with strong administrative authority and funding controls and the capability of functioning across departmental lines. There should be extensive involvement of older people and independent agencies and organizations in the making of policies and in all aspects of planning.

POLICY RECOMMENDATION #4

Majority Recommendation

All age groups should be involved in the determination of policies and standards for facilities and services for the older population and older persons themselves certainly must have a role.

POLICY RECOMMENDATION #5

Majority Recommendation

Qualifications other than age should be the determining factors in staff employment in facilities and programs for the elderly, but special effort should be made to use older persons in staffing such facilities and programs.

POLICY RECOMMENDATION #6

Majority Recommendation

> Older persons should be served by an integrated system, sharing equitably with other age groups those facilities, programs and services suitable and appropriate to the needs of the general population but they should also have the benefit of specialized facilities, programs and services based on their distinctive needs.

POLICY RECOMMENDATION #7

Majority Recommendation

> Government controls as a primary means for assuring consumer protection should be substantially augmented by the participation of consumers, industry, business, and the professions.

POLICY RECOMMENDATION #8

Majority Recommendation

> A central consumer agency should be established at the Federal level to better coordinate and strengthen the powers and responsibilities of existing Federal agencies engaged in consumer protection to ensure that the interests of elderly consumers are better served.

POLICY RECOMMENDATION #9

Majority Recommendation

> Older persons shall be free to manage their own affairs. Should public intervention be needed due to hazardous circumstances or situations in which they may be involved, there must be full protection of their legal rights as individuals. There should be development of protective services for those older persons in the community who are unable to manage their affairs because their mental and/or physical functioning is seriously impaired.

POLICY RECOMMENDATION #10

Majority Recommendation

Age alone may be an appropriate criterion in establishing policy for certain programs, such as eligibility for social security retirement benefits and property tax relief. It is an inappropriate criterion when used to discriminate against the elderly in determining eligibility for insurance, employment and credit, for example. Any criterion based solely on age should be analyzed to determine whether it is appropriate for a particular area.

POLICY RECOMMENDATION #11

Majority Recommendation

> Federal legislation shall provide minimum quality standards and guidelines to provide uniform services and care for the elderly in all federally-administered programs and in Grant-in-Aid programs offered to the States, supplemented by legislation on the State and local levels conforming to such standards and guidelines. Such standards and guidelines shall clearly specify requirements regarding staff qualifications and training and the quality of facilities, programs and services.

POLICY RECOMMENDATION #12

Majority Recommendation

Government funded legal service shall be available to older persons in all communities.

To ensure this:

1. The Federal Government should earmark adequate funds so that older persons will have a guaranteed full range of legal services, including advocacy, administrative reform, litigation and legislation. The funds provided should be a fair proportion of all legal service funding.

2. Bar associations, private law firms and law schools and university research institutes should be encouraged to provide legal assistance and research findings to older persons.

3. Lay people and older para-professionals should be used to perform advocacy roles that advance the legal concerns of older people.

4. Congress should establish an independent legal service corporation in which older persons will have a fair share of direction, that will provide free services for those who cannot afford them (including rights and property of older homeowners), will charge a reasonable fee for those persons whose incomes permit a modest payment, and whose services will be accessible wherever older people live.

5. Funds should be made available for research into the legal problems of older persons.

POLICY RECOMMENDATION #13

Majority Recommendation

While the need for greatly expanded facilities, programs and services is urgent, services are not a substitute for sufficient income to maintain independent living in dignity and health. Older persons require no less than the moderate standard of living defined by the Bureau of Labor Statistics and no limit should be placed on earnings of social security beneficiaries.

POLICY RECOMMENDATION #14

Majority Recommendation

Police protection of the elderly should become a top priority. A portion of Federal funds for the prevention of crime allocated to the States or local communities should be earmarked for this purpose. Particular attention should be paid to the needs of minority groups.

POLICY RECOMMENDATION #15

Majority Recommendation

Involvement between young people and older people should be encouraged at all levels of community life. Young people can gain knowledge of the process of aging and become involved with elderly people through the education system, National Youth Organizations, and volunteer roles.

POLICY RECOMMENDATION #16

Majority Recommendation

A policy affecting the elderly will only be useful if it is written clearly, is publicized broadly, and is completely understandable by persons with differing cultural and linguistic backgrounds. For example, the Social Security Administration could enclose with the monthly check notification of entitlements and programs available to beneficiaries.

POLICY RECOMMENDATION #17

Majority Recommendation

Delegates from every part of our Nation call upon the President to end the United States involvement in the war in Southeast Asia. We are acutely aware of the human costs resulting from that tragic war including war-related spiralling inflation and the unfortunate waste of our resources in so-called defense appropriations. We declare urgently and simply: The War Must Stop!

GOVERNMENT AND NON-GOVERNMENT ORGANIZATION

Introduction

The 1971 White House Conference on Aging, has been divided into fourteen Sections, ninety-five Subsections and several Special Concerns Sessions, all considering a staggering array of problems and needs of our nation's older population. Whatever their decisions, recommendations and/or proposals, they ultimately must become the concern and responsibility of the Section on Government and Non-Government Organization, if they are to be implemented.

This Section recognizes that the problems of the aging are statewide and nationwide; they require multiple solutions; they must first have local identification; they cannot and will not be met, successfully, without the involvement of all government and non-government agencies concerned with the aging; they demand a cooperative, correlated approach which extends needed services to all older persons; and they must be underwritten, beyond speeches, proposals and laws, by commitments of manpower and sufficient funds.

Further, this Section recognizes that both governmental and non-governmental agencies must act as advocates for the elderly and be held accountable both for what they do and for what they do not do, to advance the interests of older people.

Whatever organizational patterns are established and/or modified must now include focal points of authority and responsibility at each level of government.

Finally, this Section introduces its own proposals with the recognition that society has grown so increasingly complex and interdependent no individual person and no individual agency can provide for the needs of people through independent efforts. The time has come to develop, support and enhance an improved and strengthened moving organizational force which will lead to strong reforms and action whereby every older person in our land shall be privileged to live out his life in decency, dignity and with a sense of personal worth.

Policy Proposals

1. Public agencies should be empowered, and voluntary agencies encouraged to undertake and/or pursue more vigorously the advocacy of older people's interests, drawing more fully upon direct communications with, and participation by, the elderly and/or their organizations and the general public.

2. At all levels of government a central office on aging should be established in the Office of the Chief Executive, with responsibility for coordinating all programs and activities dealing with the aging, fostering coordination between governmental and non-governmental programs directly and indirectly engaged in the provision of services, and for planning, monitoring and evaluating services and programs. Each operating department should establish the post of Assistant Secretary for Aging with responsibility for maximizing the department's impact in relation to the needs of the older person. A coordinating council should be established in each central office of aging to be chaired by the director of the office and should include the several department assistants on aging.

   At the Federal level, this central office should be implemented with the authority and funding levels and full-time staff needed to formulate and administer policy, and should be assisted by an advisory council and should be required to make an accurate and comprehensive annual report on its progress in resolving problems and meeting goals. This White House level office should have enough prestige and resources to assure that it will encourage the development of parallel units at the State and community levels.

3. Relationships between agencies in aging and other public agencies should be characterized by mutual adjustments and cooperation at all government levels and by durable joint agreements of responsibility for research, comprehensive planning and provision of services and facilities, and should be based on and directly responsive to older Americans' opinions and desires at the grass root levels.

Policy Proposals (continued)

4. Governmental responsibility, particularly for providing funds and establishing standards, must be emphasized if the necessary facilities and services are to be made available to older people. The delivery of services should make maximum use of voluntary and private organizations which can meet the standards established by government in consultation with consumers and the providers of service.

5. Overall agency activities in aging should be planned and organized to provide coordination and support in both vertical and horizontal dimensions. Local agencies should participate in the formulation of State plans; State agencies should participate in the formulation of comprehensive plans and national policies. Such inter-relatedness should include governmental and non-governmental organizations, private and voluntary agencies, and representatives of the elderly.

6. Governments, at all levels, should encourage and foster the participation of private enterprise and voluntary organizations, including those whose membership is drawn from among the elderly. Such efforts to meet the needs of older people should include: pilot research and demonstration projects, direct service programs, self-help programs, informational, educational and referral services, planning and training programs.

7. Basic facilities and services should be provided as rights to which all older people are entitled and the opportunity to share these facilities and services ought to be available to all older people, while the adversely circumstanced must be entitled to special consideration.

8. All efforts to meet the needs of older people, whether by governmental or private and voluntary agencies, should be consistent with: (a) the First Amendment Freedoms of Association and Expression; (b) the right to participate in government-sponsored programs free from religious, racial, ethnic and age discrimination; and (c) protection of one's person and property, particularly in institutional settings.

Policy Proposals (continued)

9. The integration of governmental activities in the field of aging should be improved by the Federal agencies showing greater appreciation of the fact that the principle of accountability applies from the Federal to the State level, as well as from the States to the Federal Administration. Federal accountability to the States should provide sufficient lead time when Federal policy and administrative changes are to be announced, as well as prior consultation regarding changes in appropriations. Federal agencies also should improve their communication with State units on aging to provide advance clearance of direct Federal grants to individuals, organizations and agencies.

10. A special committee on the aging should be established in the United States House of Representatives, functioning in a comparable role to that of the United States Senate Special Committee on Aging.

11. National priorities must be re-ordered so as to allocate a greater share of our nation's resources to meet the needs of its older citizens.

12. Means should be found for a continuing "conference" on the aging to aid in the follow-up of the recommendations of this WHCoA, which also would extend beyond the announced follow-up year of 1972 and even until the next White House Conference on Aging.

Summary

The preceding policy proposals of the Section on Government and Non-Government Organization clearly indicate the need and mandatory responsibility for every level of government, as well as of the private and voluntary sectors, to see to it that the organizational structures are revised to make possible effective implementation of the proposals and concerns of all of the other Sections of the Conference.

The policy proposals repeatedly stress the need for ongoing advocacy at all levels of government and within the private and voluntary sectors. Also, relatedness and communication are recognized as essential ingredients of implementing plans for the elderly. Finally, these proposals place strong emphasis upon a focal point at the top level, within Federal, State and Local governments, which will ensure the most effective support by both the executive and the legislative branches of governments, and thereby of all private and voluntary agencies and organizations.

PLANNING

Many Americans have found their later years to be a time of new opportunity, fulfillment and growth. It is the belief of the Section on Planning that thorough and sound planning in aging is most important if such an old age for most Americans is to become a reality.

Planning in aging is a process through which our society must determine those steps to be taken in achieving the goals and objectives of both older persons and those who will one day be elderly. Planning for the future is the real means of changing the conditions of old age for the better. Planning must include both the forming of goals and a weighing of the advantages and disadvantages of any plan of action. Good planning requires knowledge of needs, resources and priorities. Information based on solid research is a basic tool in good planning.

Too much of our planning for aging has been on a short range basis - going from crisis to crisis. While some movement toward long range planning has been made by a number of both governmental and private groups, many feel that short-term patchwork planning has characterized planning efforts.

Planning which aims at the long range needs of the elderly and attempts to look into the future to anticipate needs which may arise in years to come is needed. Many of the needs of our present older citizens will be the same as the needs of Americans who are now young. When they are older, some needs may be different. Great social changes which may take years to accomplish may be needed. Inflation, over-crowding, population growth, environmental concerns, mobility and the growth of government and the lessened ability of an individual citizen to plan for the future makes planning needed for today, tomorrow and for years to come.

Planning must not be confused with delay. It must never be used as an excuse for inaction. We must understand that "action now" is not contrary to the need for long range planning. Instead, the funds spent on good planning mean that the programs which are developed are meaningful, well thought-out and truly effective. More, rather than less, time and money may be needed.

Our nation is constantly setting goals for itself in all areas of national concern. In the field of aging, as in other areas of concern, the priorities which we as a nation set, are most important. Indeed, the very place that we give to the needs of our elderly today and in the future will be determined by the action we take now. Planning without action would be a cruel hoax. Action without planning would be an expensive exercise in futility.

The following policy proposals represent the feelings and attitudes of delegates representing all sections of America. Elderly Americans, planners, citizens involved in both the planning and delivery of services to the elderly were represented as in each section of the conference. Planning to identify and state the needs of the elderly; planning to develop methods of meeting those needs; planning to find the means to generate support and galvanize the nation to action - each step of the way needs clear guidelines. The policy proposals herein may assist in finding our way.

Policy Proposals

1. To be responsive, planning must involve inputs from many segments and sectors of our society. To be effective, this planning must be comprehensive and coordinated. The planning efforts of government should continue to constitute the basic means through which the nation plans in aging. We recommend that government at all levels be required to provide opportunity for significant involvement of the non-governmental sector and consumers in the decision making process.

2. A separate entity should be created within the Executive Office of the President through legislation and charged with the responsibility for comprehensive planning and advocacy in aging.

   This entity should have resources (e.g. authority, funds, staff) adequate to meet this responsibility. The Administration on Aging should be retained within the Department of Health, Education and Welfare, but it should be raised to the status of an independent agency within the Department, reporting directly to the Secretary.

   There should be an interdepartmental committee with representation at the Secretarial level to be chaired by the senior Federal official on aging.

3. There was recognition of the urgent need for a commitment within each State government to provide comprehensive planning in aging.

   It is recommended that this could best be realized by the establishment of a separate entity dedicated to comprehensive planning in aging within each State government.

   The leadership planning mechanism at State and local levels should, to the extent possible, parallel the mechanism at the Federal level.

Where appropriate, such planning at the local level should be undertaken on a regional, e.g., multi-county basis.

Comprehensive planning at the local level should be encouraged but the mechanism left to local option. This effort should embrace a partnership between the governmental and voluntary sectors of our society.

4. Adequate technical assistance and consultation in planning for meeting the needs of the elderly shall be provided in territories, possessions and other non-State jurisdictions of the United States.

5. Planning activities in aging of the three levels of government should be related to each other, and planning at State and local levels should receive financial support from the Federal Government.

   In order to insure that coordinated comprehensive planning functions at State and national levels are meaningful and effective*, priorities and service needs should be identified at the local level. Federal funds should be provided for local planning in aging and be channeled through State units on aging which in turn will allocate funds to regional and local planning bodies for this purpose.

   Federal agencies should be directed to assure that any Federal planning grants which have implications for human services, whether made to States or localities, shall require specific planning for the special needs of the aging. During all planning stages, the development of the plan shall be coordinated with the State agency on aging.

   There should be basic mechanisms established to provide coordination of planning activities in aging at all three levels of government and across Department lines. These should include regional forums organized by the Federal Regional Councils, and systematic Federal and State evaluation of planning in aging.

   In order to allow maximum flexibility at the State and local levels for innovation, Federal funds in the form of bloc grants without restriction should be set aside for long term planning in aging.

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*A minority report based upon a vote of 37-32 on this paragraph provided for conclusion of the paragraph as follows:

"planning agencies at all levels must be responsive to needs and priorities identified at the local level. In general, Federal funds should be provided for local planning in aging and channeled through State units on aging, which in turn will allocate funds to regional and local planning bodies."

6. The planning mechanisms that have been developed in communities and at the State and national levels should increase their efforts to make multigenerational programs and services more responsive to the concerns of older persons and more effective in meeting their needs. In instances in which multigenerational programs and services cannot be made responsive enough to meet the needs of older persons, new or expanded programs planned specifically for the elderly should be developed.

7. Planning in aging should be based upon experience and expertise of professional and paraprofessional personnel and specialists in aging with the total involvement on an early and continuous basis of a majority representation of the elderly, including racial and ethnic minority groups. This involvement should be guaranteed in all planning for the elderly at the Federal, State and local levels. Age alone should not be the ruling factor in planning; thus, middle-aged and young persons should be included.

8. The Section expressed grave concern about how the elderly might fare under revenue sharing arrangements. However, if Federal revenue sharing is enacted, enabling legislation should provide for protection of the interests of the elderly.

9. Racial and ethnic discrimination and its attendant consequences have condemned substantial numbers of minority elderly to low levels of income and inadequate health and housing provisions. Too often, these minority groups of the elderly have not had the resources or capacity to stand up for their rights, nor have governmental agencies and citizens' organizations adequately served as advocates for them. Therefore, planning for aging must take priority cognizance of the above problems and seek to correct and eliminate them.*

   While we must improve the quality of life for all the aged, our top priority must go to those who suffer most. America must address itself first to the needs of the elderly poor.

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*A minority report based upon a vote of 22-19 on this paragraph provides for substitution and deletion of the sentence, "Therefore, planning ... and eliminate them" and inclusion of a substitute sentence reading, "Therefore, planning for aging must take special cognizance of institutionalized prejudice".

10. If planning is to be more than an exercise in rhetoric, it is imperative that:
    (1) there be appropriate authority, responsibility, and accountability; and
    (2) that there be bridges linking those who plan programs, those who administer programs, and the consumer.

    To these ends we recommend:
    (1) that the Federal planning organization must annually review and publicly report on its proposals;
    (2) that the Federal planning organization shall review proposed legislation and executive activities to evaluate their possible effects upon the status of elderly persons;
    (3) that administrative agencies annually evaluate and report on the effectiveness of their programs;
    (4) that Federal agencies be empowered to take steps to insure that Federal programs administered at the State and local levels are in conformity with stated guidelines and objectives of programs;
    (5) all planning should include the use of existing private resources, both proprietary and non-profit.

11. Planning should be linked to the budget process and therefore, we recommend that a copy of the planning and priority strategies for the elderly be submitted to the elected and executive public officials who have a direct role in the budgeting and appropriations processes.

12. In the final analysis, planning in behalf of aging stems from the basic values of society. Those values are translated into goals, objectives and priorities. As planning for aging proceeds, it will be necessary to address these values and priorities. In planning the allocation of resources, we urge that the aging receive a fair share of national wealth. This should be accomplished through a reordering of priorities at all levels to increase the commitment of national resources to meet human needs.

RESEARCH AND DEMONSTRATION

INTRODUCTION

To cope with the problems of older persons we must understand the nature of the difficulties they face as well as the nature of the aging process in its various biological and social-behavioral dimensions. Research, demonstration, and evaluation are basic tools by which a society produces the knowledge it requires to deal with the problems of its people and to improve the quality of individual life.

Industry has long recognized the importance of research and has typically allocated from two to ten percent of its industrial operating budgets to research and development. In governmental programs, just as in industry, research is required to achieve accountability, cost-efficiency in quality, and utilization control. To achieve these objectives, substantial research is necessary, in aging as in other areas, yet government research in the aging area remains at an impoverished level.

A. The principal reasons for this critical state of affairs appear to be:

1. A long history of governmental and societal neglect of its responsibility toward the elderly.

2. An inadequate level of funding for immediate and long-range programs to improve the quality of life for older Americans.

3. An inadequate administrative structure to advocate, coordinate, implement, and administer research programs involving aging and the aged.

Recognizing this past neglect and urgent current needs, we affirm that the time has come to accelerate research efforts aimed at understanding the basic processes of aging and alleviating the suffering of those who encounter difficulty in adapting to this phase of life. For the above reasons, the total federal research and demonstration expenditure on problems of the aging must be increased. Research and demonstration serve a pivotal role, and we advocate a greatly expanded funding base for this purpose. Equally important is the development of an overall, integrated, consistent funding strategy which will permit the problems of aging to be addressed in a balanced and coordinated manner encompassing both the bio-medical and social-behavioral sciences. We cannot separate the improvement of the quality of life from the understanding of the bio-medical and social-behavioral origins of aging and the aging process. In addition, there must be provision for theoretical research which will prepare us for aging in the future.

Research and demonstration on problems of the aged must take into account the fact that significant differences in aging processes exist within an individual, between individuals of the same age, and between various age groups. We should give special consideration to the unmet needs of older Americans who belong to minority groups and those with special problems, e.g., the impoverished, the rural, the isolated, and the mentally ill. Retired technical and scientific personnel should be utilized in research. While women are not a numerical minority, they are underrepresented in high-level research and academic positions and should be given representation at decision-making levels in research and demonstration.

B. In an effort to give greater visibility, impact, and opportunity for practical implementation of these research principles, the Delegates to the White House Conference on Aging Section on Research and Demonstration recommend the following policy proposals:

1. that a National Institute of Gerontology be established immediately to support and conduct research and training in the bio-medical and social-behavioral aspects of aging. The Institute should include study sections with equitable representation of the various areas involved in aging research and training.

2. that the President propose and that the Congress create a position within the Executive Branch with sufficient support and authority to develop and coordinate, at all levels of the Government, programs for the aged, including research and demonstration programs, and to oversee their translation into action.

3. that a major increase in Federal funds for research, research training, and demonstration be appropriated and allocated. Appropriation of general revenues for programs in the interests of older persons should contain additional funds amounting in the average to no less than 3.5 percent of such expenditures, these additional funds to be allocated for research, demonstration, and evaluation. Federal support of research and training in separate departments or schools within universities and separate research agencies should be continued and multi-disciplinary and multi-institutional programs should be fostered.

4. that funds for research, training for research, and demonstrations should be allocated in the aggregate in such a manner that the above activities relevant to aging and the aged in racial and ethnic minority groups be funded in an amount not less than their proportion of the total population. Attention should be given to the recruitment and training of minority group students to become competent researchers in gerontology. Minority groups would include but not be limited to the following: Blacks, Spanish-language Americans, American Indians, and Asian-Americans.

ADDITIONAL RECOMMENDATIONS

1. High priority should be given to the recruitment and training of capable women and the representation of such women in bodies which have responsibility for allocation of training and research funds.

2. The Administration on Aging or other appropriate clearing house should be charged with and allocated adequate resources for collecting and disseminating current research findings in the field of the aging and for making these findings relevant and available to practitioners.

3. Appropriated federal research, demonstration, and training funds should be apportioned and allocated promptly; and programs for which such funds are appropriated, whether intramural or extramural, should be implemented with adequate staff without delay.

4. More adequate procedures should be developed within the Federal Government to assure the continued operation and funding of those Federally funded demonstration projects which have been proven sucessful after evaluation.

TRAINING

Older persons continue to increase in numbers. Their needs have not been met because we have failed to act. There is, therefore, an immediate urgency to deal with these matters. The resolution of these significant human problems requires a large cadre of personnel trained in and committed to the field of aging. What is necessary is the development of innovative and creative programs to provide training for the total range of occupations providing services to older persons, and specifically for professional and scholarly programs preparing people to work in the field of aging. As new service delivery systems are developed new modes of training and new types of personnel will be required.

In considering the training requirements for services to the older population, we are still mindful of the fact that adequate income maintenance and sufficient health care are basic necessities. There is a need for a minimum income level which will lift all older people out of poverty. Furthermore, we are also convinced there is present urgent and massive need for expansion of programs which will provide employment opportunities for the elderly in constructive activities.

At present there is little training and education in the field of aging. During the 1970's the task facing those who are responsible for training is one of substantially increasing the amount of training available. While there has been some progress and there are high quality programs in a few locations, most States do not have any appreciable amount of training of any type related to problems of aging.

The need for training exists at different levels for many types of persons and for many types of subject matter. Retired persons, mature adults, students making career choices, volunteers, and members of minority groups must be recruited to work in aging and trained for this work. The decade of the 1970's is the decade in which major plans for training must be put into effect. Alternatives must be evaluated so that the following decades will be marked by a notably higher level of training and consequent improvement of programs for the aged.

Crucial to the national effort to provide training at all levels is the development and implementation of programs to train the trainers. Research now provides a base of understanding and learning which makes it possible to develop meaningful, specifically designed programs for further training in aging.

The following are the recommendations and policy proposals emanating from the Section on Training of the 1971 White House Conference on Aging:

Recommendations and Policy Proposals

No. 1

A fully developed training policy must focus on both the immediate needs of the present aged population and the future needs of the aging, through innovation of far reaching policies and programs. To accomplish the training of needed personnel, the present levels of funding in all government agencies concerned with aging must be substantially increased immediately in order to increase the supply of all types of manpower: technicians, para-professionals, professionals, planners, researchers, teachers and volunteers. Training must be conducted in appropriate settings both within and outside of educational institutions.

No. 2

Given that training in aging is lagging seriously behind the proven need, there is consensus that responsibility for the development of a vigorous national plan and continuing monitoring of training of manpower in aging should be lodged in a new Federal agency for aging adequately financed and with the power to coordinate all federally supported training programs in aging.

Minority Position

One third of those voting believed that there should be a single but not necessarily new Federal agency for aging.

No. 3

In discharging its responsibilities, the new Federal agency should include representatives of training organizations, private non-profit foundations, scientific and professional organizations, organizations of older and retired persons, and other concerned groups in all planning bodies which formulate policies on training.

Minority Position

One third of those voting believed that there should be a single but not necessarily new Federal agency for aging.

No. 4

Multidisciplinary research and training centers of excellence in gerontology with a relationship to service-delivery systems should be developed, and research and training should be fostered in a wide range of colleges, universities and other institutions. Innovative and experimental efforts in training must be encouraged. Each center should develop a network of effective relationships with other educational and service agencies to disseminate information and promote implementation of activities in aging.

No. 5

In addition to increased Federal support for training programs in aging there should be an acceleration of support for training in aging from state appropriations, foundation grants, private donations, and regular agency budgets. All service programs for older people should contain earmarked funds for the training of personnel.

No. 6

Funds for recruitment and support of personnel to be trained in aging should be allocated without priority based on sex or age. Special inducements--traineeships, scholarships, tuition grants, loans,--should be offered in order to recruit personnel (particularly those from ethnic and minority groups) into careers in aging.

No. 7

Because of the needs and problems that exist among the aging of the economically and socially disadvantaged, funds should be earmarked at all levels of training and research for Blacks, Chicanos, Puerto Ricans, Asians, Indian, and other disadvantaged groups. All training programs funded on Federal, State and community levels should actively recruit faculty and trainees from these groups.

No. 8

In order to develop adequately trained persons in health, allied health, and other professional fields such as law, architecture, social work, etc., subject matter on aging must be inserted into pre-service and in-service curricula of professional schools immediately. In addition, emphasis should be placed on the development of community college level certificate and degree programs and programs in vocational and technical institutes as well as other local programs for personnel who deliver services to the older population. Teacher training programs should include positive concepts regarding the aging process and the older person for incorporation into elementary and secondary school curricula.

No. 9

We urge the creation of an adequately funded National Institute of Gerontology for training and research. A substantial portion of the funds allocated to it should be earmarked for training.

No. 10

A national data bank and retrieval system similar to or parallel with the Education Research Information Center (ERIC) should be established to convert, translate, interpret, and make available all research knowledge and curriculum materials in aging to all training and research and demonstration programs.

No. 11

Recruitment and training will be to no avail if there is no corresponding increase in services. Therefore, recruiting should be related to useful job opportunities. Financial support for new service positions should be provided in balance with support of training programs.

Minority Position

One fifth of those delegates voting were opposed to this recommendation for a variety of reasons.

No. 12

To insure the dedication of the Federal Government and our country in this period to life as opposed to death, we strongly urge Congress to reorder its priorities and divert funds from the military to human needs.

Minority Position

One fourth of those delegates voting were opposed to this recommendation.

A. AGING AND BLINDNESS

Introduction

Since the American Foundation for the Blind participated actively in the 1961 White House Conference on Aging, we have a deep appreciation of its constructive impact in generating increased public awareness and concern for the unmet needs of our aging population and in stimulating a larger use of our nation's resources in meeting these needs.

We, in collaboration with other national, state and local organizations of andfor the blind, do appreciate an opportunity to share with you our special concerns. As reported by the National Society for the Prevention of Blindness, approximately half of the estimated 500,000 legally blind persons in the United States are 65 years of age or older while two thirds are past middle age. Moreover, the majority of all new cases of blindness each year fall within the same age bracket. Despite these facts, most of our efforts, in both the governmental and private sectors, have been directed to blind children and to blind adults of employable age. Only recently have we begun to consider the needs of the older blind person.

Another aspect of our special concern stems from our philosophical belief in the desirability of helping blind persons to achieve their fullest potential as integrated members of their community. While this belief in no way contradicts the need for specialized and often separate services for persons who are visually handicapped, there is an equal need to insure the availability of general community services. Within this context, our hope is that blind persons -- in fact all handicapped individuals -- will become beneficiaries of the rapidly expanding programs and services for older persons in such fields as health, nutrition, housing, recreation, employment, continuing education, etc. It often takes little if any adaptation to implement this concept, but unfortunately it rarely occurs automatically, i. e., without continuing interpretation, education and planning.

In summary, we urge that the 1971 White House Conference give a high priority to the question of how handicapped persons, especially those who are visually handicapped, can be more effectively integrated and served by the ever-increasing number of special programs for older persons. As Senator Jennings Randolph of West Virginia stated in his keynote address to the Special Concerns Session on Aging and Blindness, "It is clear that we must change attitudes toward the blind. We must provide opportunities for normal living in society; not charity, but a chance. I fear that there is widespread misconception about the abilities and aspirations of elderly blind persons."

Our specific recommendations follow:

Recommendation

1. It is recommended that Congress increase old age, survivors and disability insurance and the adult public assistance categories to the intermediate level of living recommended by the Bureau of Labor Statistics (at least $2,297 for a single person and $4,185 for a married couple) and further that the adult categories of public assistance be federalized and that Social Security benefits not be deducted from public assistance payments.

Recommendation

2. It is recommended that the National Eye Institute and other interested organizations on a national and local level combine their efforts in an urgent overall program to prevent or alleviate diabetic retinopathy; establish a center for the study of diseases of the macula, and increase research efforts in the fields of cataract, glaucoma and vascular diseases of the eye; establish screening efforts especially at hospitals, medical centers, homes for the aged, nursing homes, and extended care facilities to find aged patients who have blinding eye diseases which can be helped by medical or surgical means and low vision aids. Such efforts should be made by interested philanthropic organizations and implemented if necessary by legislative action;

It is further recommended that the National Eye Institute be required to develop better statistics on incidence, prevalence and etiology of blinding eye conditions; that Congress amend Titles XVIII and XIX of the Social Security Act to cover low vision aids when the need is certified by an ophthalmologist or an optometrist specializing in low vision treatment; and that the number of low vision centers be increased and that the centers be staffed under the supervision of an opthalmologist or a qualified optometrist.

Recommendation

3. It is recommended that the Vocational Rehabilitation Act be broadened to make rehabilitation services available to blind persons without regard to age or economic need and that Congress be urged to enact S.1030, a bill to amend the Vocational Rehabilitation Act to provide rehabilitation services for older blind persons, and S.2506, a bill to amend the Randolph-Sheppard Act, to accomplish these purposes.

Recommendation

4. It is recommended that the elderly, including the blind and handicapped, must have access to all modes of mobility and transportation for obtaining the essentials of daily living and the cultural and social benefits of modern society.

Recommendation

5. It is recommended that the Administration and Congress develop a network of personal care benefits for individuals with a certain level of functional disability to enable the older person to purchase whatever services are necessary to help him remain in his own home if he so wishes; such benefit is to be in addition to basic minimum income and assure a financial basis for local community service providers.

B. AGING AND AGED BLACKS

Introduction

Participants in the Special Concerns Session on Aging and Aged Blacks and the National Caucus on the Black Aged overwhelmingly approved the policy recommendations which follow, while deploring the insufficient space allocated for a fuller reporting of those recommendations which need to be enacted and implemented in order to improve substantially the lives of aging and aged blacks who are often adversely affected by racism. It was also felt that significantly more attention should have been given to the needs of aging and aged blacks in the formulation of issues presented in the workbooks for discussion and action. The jeopardizing status of being black and old and poor (and the quadruple status, if female) must be removed as quickly as possible. Immediate steps in that direction clearly include enactment of major policy recommendations relative especially to income, health, and housing. Blacks must be adequately represented at all levels throughout policy-level bodies and program groups relative to aging and aged persons. At least 11 percent of all federal funds allocated for research, training, and demonstration in aging during each fiscal year in the decade ahead should be earmarked specifically for blacks.

Recommendations and Comment

1. It is recommended that all of the policy recommendations emanating from the Special Concerns Session on Aging and Aged Blacks which are attached be printed as a part of the preliminary report of the White House Conference on Aging.

> This policy should be pursued for a number of reasons, with the most important justifications being that at least proportionate pagination should have been allocated for various sections, depending upon the heterogeneity of special concerns assigned to them and that inasmuch as almost all of the issues presented for consideration on the printed workbooks for this White House Conference on Aging made no specific reference to blacks whose aged statuses are yet handicapped by their racial statuses, sufficient consideration should be given to presenting the positions taken by blacks themselves on issues affecting them. The only way for all of the delegates at this Conference to have that information at least made available to them, as it should be is for the recommendations to be presented in the preliminary report.

2. It is recommended that all of the policy recommendations emanating from the Special Concerns Session on Aging and Aged Blacks be presented to the appropriate Sections of the White House Conference on Aging for inclusion within their final sectional reports, and that at least one black representative participate in the finalization of such reports, where that may not already be the case. Preferably, that black representative should be a member of the National Caucus on the Black Aged, an organization extremely active in trying to understand and aid in the reduction of the adverse plights of black elderly.

3. It is recommended that a minimum guaranteed annual income of $6,000 for a single aged person and $9,000 for an aged couple be established, and that appropriate cost-of-living indices be attached, with the aforementioned figures as a base.

4. It is recommended that the minimum age-eligibility requirement for primary beneficiaries of OASDHI (Social Security) be reduced by 7 years for black males, so as to reduce the existing racial inequities.

5. It is recommended that the proposed National Senior Citizens Community Service Program be enacted and implemented, with sufficient consideration given to blacks at all levels.

6. It is recommended that the federal government initiate guidelines and policies to govern and enforce adequate standards of private pension systems and that a pension portability system be established for all workers.

7. It is recommended that the federal government should act to increase the supply of housing available to low and moderate elderly members of all minority groups through such measures as providing seed money and loans for the creation and support of non-profit minority housing development organizations. Provision should be made for technical assistance and 100% financing to develop housing to be available to the elderly of all races.

8. It is recommended that the federal government on a continuing basis require that all new and existing facilities for the aged report the extent to which they will or are actually serving minority groups. Facilities with poor records to be required to implement meaningful affirmative action programs or lose their federal assistance.

9. It is recommended that federal policy require the provision for low and moderate income elderly housing in all new cities, new communities, planned unit developments, urban renewal areas, model cities areas and other similar developments which receive federal funds or assistance.

10. It is recommended that the federal government fund a system of fellowships and scholarships to low income students to provide education and in-service training in the development and management of nursing homes and other residentially oriented facilities. Program to include a representative number of trainees from all racial and ethnic groups.

11. It is recommended that federal government must allocate substantial funds for comprehensive nutrition action programs to rehabilitate malnourished aged and prevent malnourishment in those approaching retirement. These nutrition action programs must provide health-related components in addition to research components. In addition, all nutrition-health related research must have a service action component.

12. It is recommended that government resources allocated to nutriton should concentrate on providing food assistance to those in need. This food assistance program must be improved whether by Commodity Distribution or Food Stamps to make more commodities available to senior adults in more accessible distribution centers with transportation for seniors to and from the centers. Commodity foods must be packaged in smaller units for one and two person families to reduce spoiling and food poisioning dangers. An adequate guaranteed income, however, should eliminate any need for the above for older persons would not be in poverty and would be able to purchase their foods in the usual, American manner.

13. It is recommended that at least 11 percent of all federal funds allocated for research, demonstration, and training in aging in any and all fiscal year during the next decade should be specifically earmarked for blacks.

14. It is recommended that the federal government ensure that blacks are adequately represented at all levels, national, state, and local, in policy-making levels and positions within each federal agency and their counterpart agencies (e.g., state agencies on aging), including staff and advisory councils. It is particularly important that sufficient black representation be secured at such high level places as top administration, review committees, and principal investigators of research projects or directors of demonstration programs involving any significant proportion of aging and aged blacks.

15. It is recommended that the establishment of a National Institute of Gerontology be supported, provided that it has a Division of Black Gerontology receiving approximately 30 percent of the total institute funds. If such a Division is not feasible, then we urge the establishment of an independent National Institute of Black Gerontology, sufficiently funded.

16. Black colleges in the South should be provided with sufficient funds and programs to produce black students trained (A.A. and B.S. levels) in areas relative to gerontology and geriatrics; all schools in the U.S. must include sufficient black representation within the student body and faculty in gerontological programs; and all curricula in such areas as Medicine, Law, Dentistry, Pharmacy, Nursing, and Social Work should include specific course materials relative to blacks.

17. It is recommended that government at every level become a strong advocate for the black elderly, serving to identify their needs, promote programs of public education and interpretation of the needs and how those needs should be met, etc. Adequate black representation would be involved on every level; further, that government would provide financial resources to black, nongovernment organizations having capabilities for servicing blacks more efficiently than is presently the case; and that greater emphasis be placed upon nongovernment (private sector) responsibility for meeting the needs of elderly blacks.

18. It is recommended that Medicare coverage should be expanded and improved to provide coverage for home care, long-term care and extended care without prior admission to an acute care hospital, expanded coverage for home care, coverage for out-of-hospital drugs, removal of the 100-day limit on skilled nursing home care for those patients who continue to need such care; that parts A and B of Medicare be merged and all deductibles and copayments be eliminated, and that services previously excluded (such as foot care, eyeglasses, eye refractions and examinations for eyeglasses, examinations for hearing aids, false teeth and dental care, other prostheses, and out-patient psychiatric care) should be included; that medicare coverage should be expanded to include disabled Social Security beneficiaries; that front-end financing from the Medicaid Trust Fund be utilized to develop senior citizen day care centers and a full range of geriatric health service centers, including community health outreach workers, transportation, information referral and advocacy services and that these centers should be owned and operated by nonprofit indigenous community corporations; that the Administration on Aging should identify and design and support opportunities for older persons to render services to their communities; that the Administration on Aging and any or all public and private agencies should join together in a cooperative effort to develop programs of technical and financial assistance for local community groups in order to provide daily meals to ambulatory older persons in group settings and to shut-ins at home; that the two billion dollars spent yearly by the Federal government for private nursing home services should be diverted to nonprofit social utilities and homes for the aged sponsored by religious organizations, benevolent organizations, community corporations with joint consumer control and equity by a representative number of the elderly receiving services; existing nursing homes and long-term care facilities owned by black nonprofit sponsors should be given grants and low interest bearing loans for rennovation and construction to meet minimum state and Federal standards; that the archaic practice of static custodial care in institutions where the elderly go to "lie and die" is self-defeating, inhuman and economically unsound, so we recommend the development of a "Socio-Medical Approach" utilizing progressive patient care techniques (phased intensive, intermediate, minimum care, rehabilitation, resettlement--joint effort of the health team) integrated with community support to maintain the elderly in their chosen environment, with

those services including but not being limited to home health services, occupational and physical therapy, recuperative holidays, meals on wheels, day centers, recreational clubs, ambulance and transportation services; and that the following new trends in long-term care should be researched and implemented whereever feasible: holiday admissions (the voluntary admission to nursing homes/extended care or appropriate facilities during the families' planned vacation); short-term admissions (a program providing for intermittent two week admissions of the aged patient every four months) and day hospital (the utilization of a unit combining medical and nursing care, physical and occupational therapy together with a noon meal for the aged).

19. It is recommended that the implementation of health care legislation should be uniform and mandatory and not dependent upon matching state funds or voluntary participation of individual states.

20. It is recommended that wherever feasible within the black community, comprehensive health services should be delivered through a community health corportation composed of indigenous consumers and providers rather than the traditional approach (medical schools, public health departments, and medical associations, etc.). This health corporation should secure significant input from informed and relevant consultants within or without their community. The above will insure that equity, cultural relevance, as well as self-sufficiency, and self-respect become the end product.

21. It is recommended that research in experimental health delivery systems should be conducted to determine the best method of financing comprehensive geriatric services. Arrangements might include front-end financing from Medicare trust fund, Medicaid appropriation for neighborhood health centers, or a combination of social insurance and general tax revenues for Health Maintenance Organizations, etc.

22. It is recommended that opposition be given to the following the restrictive provision of H.R. 1; medicare cutbacks, and Medicaid cutbacks.

23. It is recommended that **the federal government** should provide through appropriate training programs realistic and effective opportunities for elderly blacks to further without cost to them their educational goals.

24. It is recommended that the administration of the proposed program provide for funding support to institutions for such training projects or stipendiary and tuition costs to be paid directly to the elderly to enroll in courses or curricula of their choice wherever available.

25. It is recommended that the federal government should sponsor a consortium of minority clergymen to seek concerted action within all churches and the community to eradicate racism from our society.

26. It is recommended that inasmuch as insufficient data are available on aging and aged blacks from all federal agencies collecting and interpreting such data, that it be mandatory that all such agencies be compelled to collect data from a sufficient sample size to ensure that multivariate analyses providing greater information on patterns and processes of aging can be undertaken. Moreover, we urge the training of a sufficient number of black statisticians, including biostatisticians to aid in the adequate interpretation of data. The federal government is urged to provide us with a report on aging and aged blacks at regular intervals; to shift from a ten-year to a five-year census format, and to report data fully for blacks without inclusion in a category of "non-whites."

27. It is recommended that sufficient attention be given to the establishment of nursing homes for black elderly who need such facilities and that such homes be staffed with competent personnel with adequate knowledge, understanding of, and respect for their subcultural backgrounds; and that the costs of such care be at a level in line with their income resources; and that private and public nursing homes yet practicing racial discrimination be made to conform to standards of compliance with nondiscriminatory policies by race. It is most important to indicate that the greater problem for black aged is not that of how to stay out of a home, but how to get in one.

28. It is recommended that since planning is so critical, there should be comprehensive and well-integrated planning for aging and aged blacks at all levels, and that blacks and the aged themselves must be effectively involved in such planning. That planning must recognize that racism, poverty, and ignorance may well be major roadblock and must seek to remove these obstacles by all means possible, for blacks have too long been planned for. Effective black involvement in planning must also include planning for and involvement in the structuring and implementation of the system whereby policies and programs will be developed for all of the aged and infirmed of this nation. The resources are here, they are here now. We simply must put them to appropriate use.

29. It is recommended that the federal government should establish or subsidize transportation systems which will provide services at lower rates and have reasonably operating hours in all areas where black elderly reside.

30. It is recommended that black older citizens must be heavily involved in all of the focal points of planning where decisions are being made at the federal level with regard to the delivery and utilization of services, including the integrated approach to community services and the use of public facilities. It should be federal policy to make sure that regulations which serve as guides for implementing legislation include instructions for use and location of facilities in areas where black elderly have adequate access to them.

31. It is recommended that the category of Old-Age Assistance (OAA) should be deleted from Social Security, inasmuch as the majority of blacks receiving such aid are those who were denied sufficient participation in Social Security and in the labor market in their earlier years. They should merely be eligible for OASDHI, for all workers in this country and their family members can and should be adequately covered by that system, without the stigmatization arising from OAA.

32. While we strongly support efforts made to provide meaningful employment for those who are old and black who desire labor force participation, we feel that old blacks who do not desire to work should not have to engage in employment only to supplement their meager incomes, but, in line with other recommendations, should be guaranteed a sufficient annual income.

33. It is recommended that when the President's Domestic Council (or whatever agency makes the final recommendations on aging to the President) considers the various policy recommendations, that that body have at least proportionate representation from blacks in the form of staff members and consultants, and that a copy of the action taken on all of the recommendations made by the Special Concerns Session on Aging and Aged Blacks be forwarded to Mr. Hobart C. Jackson, Chairman, National Caucus on the Black Aged and Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging within a reasonable period of time and before any action is taken to make recommendations from the President to the U.S. Congress.

34. All federally funded demonstration programs must be required to evaluate themselves and adequate funds must be built in to provide for evaluations by outside, independent agencies in order to determine the effectiveness of the programs and need, if any, for continuation of such programs.

C. ASIAN AMERICAN ELDERLY

Introduction

In the United States today, elderly Asian Americans are suffering from unprecedented problems that are devastating the lives of these aged people. In addition to the many critical problems that face the 20 million senior citizens in the United States, Asian American elderly are further confronted with cultural barriers that exclude them from receiving their rightful benefits.

Language problems created by lack of bilingual information systems and the lack of bilingual service workers deny Asian American aged even the knowledge of how to obtain such benefits. But most of all the Asian American elderly are severely handicapped by the myth that pervades the society at large and permeates the policy decisions of agencies and governmental entities that are charged with the responsibility of helping all the aged in the United States.

This emasculating myth that discriminates against Asian American elderly is that Asian American aged do not have any problems, that Asian Americans are able to take care of their own and that Asian American aged do not need nor desire aid in any form. Such assertions which are generally accepted as valid by society are false. A quick look at Asian American communities would verify that they do indeed have problems and the problems in many respects are more intense and complex than the problems of the general senior citizen population. When the Asian American aged suicide rate in certain areas is three times the national average, when 34% of Asian American aged who were studied have never had a medical or dental examination, it should be obvious that the problems facing

Asian American aged are overwhelming to the point that it is impossible for Asian American aged to look only to their families for help.

However, those who hold the responsibility to assist in these areas have turned their backs on the Asian aged. For example, in 1969-71 some $32 million was appropriated for community grant projects for the aged which included informational services, health care, and aged assistance (many of the areas that Asian American elderly need the most). Of this $32 million not one dollar was given to Asian American communities for their aged problems. The reason, accordiig to the government officials, was Asian Americans don't have problems.

So pervasive is this myth that the planners of the White House Conference on Aging, the group most knowledgeable in the area of aging needs, failed to include a Special Concerns Session for Asian American elderly as part of its original agenda. While the planning for other Special Concerns Sessions have been in process for many months, the decision to hold a special Concerns Session for Asian Americans was made only one month prior to the Conference and only because a special request was made by concerned Asian Americans.

This oversight is typical of the neglect that Asian American elderly face on all fronts. Within the confines of the short time given to prepare for this Conference, concerned Asian Americans were able to readily identify many specific and crucial needs that are crippling the Asian American elderly. The following policy recommendations represent some examples of the myriad of problems that are devastating Asian American elderly people.

Asian American delegates support the many recommendations that the Conference as a whole have proposed for the benefit of all senior citizens. However, history has demonstrated again and again that Asian American elderly are among the people most neglected by programs presumably serving all elderly. We demand that the following policy recommendations be implemented to insure that Asian American elderly receive their rightful opportunities in this nation.

Research and Demonstration

Recommendation 1

Federal funds for research and demonstration projects to determine how older Asian Americans can be effectively assisted based on their needs, cultural differences, values, and desires should be expanded and should involve researchers of Asian background. The findings from such efforts should be disseminated to policy makers, program planners, and service providers.

Rationale

Information on older Asian Americans must be collected so that a national policy on aging is truly responsive to and representative of all older Americans.

Program Issues

Research and demonstration projects should identify the older Asian American (e.g., where they reside, what their characteristics are) and should be supported by agencies such as the Department of Commerce (Bureau of the Census), the Department of Health, Education and Welfare (HEW), and the Department of Labor (DoL).

Special research and training services for the investigation, study, and treatment of medical diseases peculiar to Asian American elderly (i.e., incidence of sickle cell anemia affecting Samoans) should be conducted.

Special research studies relatiig to the disproportionate number of Asian elderly in mental institutions should be initiated.

Demonstration grants should be provided for the training of researchers to deal with the problems of older Asian Americans.

Recommendation 2

Federal (such as Department of Housing and Urban Development HUD , DoL, Department of Transportation DoT), state, (such as Commissions on Aging, public welfare, departments of human resources) and local governments and private organization grants which provide assistance for the elderly should reflect the diversity of the Asian American groups.

Rationale

Because persons of Asian ancestry are lumped under the heading of Asian American or "Oriental", it is assumed by many that all Asians are alike. In reality, the cultural differences between the basic Asian American groups (Chinese, Filipino, Korean, Japanese, Samoan) are as different as the five different languages they speak. It is unrealistic and wishful thinking to assume that the small enclaves of Asian American elderly will be reached by massive grants to the county or state for all elderly persons. Grants aimed at specific pockets of ethnic groups would more likely reach elderly Asians.

Program Issue

Federal, state, and local governments in mutual cooperation with the Asian community should establish and fund in those states and localities where Asian Americans are concentrated, outreach programs to provide information, referral, and advocacy services, including resource persons, transportation assistance, drop-in centers--all of which reflect the cultural differences and preferences of the Asian American elderly.

Services

Recommendation 1

Public and private agencies should provide older Asians with support services (e.g., home care assistance, transportation, health screening, etc.) in their own communities which have been traditionally provided by the family. In doing so, recognition should be made of family structure and kinship networks among Asian ethnic groups for the purpose of building on these rather than imposing or allowing totally strange service delivery systems.

Rationale

Traditionally,,services such as transportation, home care, financial support, and housing have been provided by the family of the older Asian. Resulting from changes in family structure and an increasing need for diverse services (e.g., health care, housing, etc.), the Asian elderly cannot continue to look solely to his family to have needs met.

Recommendation 2

On-going service projects such as senior citizen centers and multi-purpose service centers which are designed to meet the special needs of older Asian Americans should be established ii communities of elderly Asian Americans; and Federal, state, and local assistance should be made available to support these either in full or on a matching basis.

Program Issue
Programs should provide biliigual, bicultural staffing;

recreation, leisure time activities geared to cultural interests; information and referral services; direct social services; elderly self-help programs; youth and elderly mutual assistance programs; and educational programs and services for the Asian elderly and for training personnel to work with Asian elderly.

Recommendation 3

Continued Federal support of existing programs should be contiigent on reexamination and revision to assure that they are responsive to the needs of elderly Asian Americans through the use of bilingual workers for outreach and advocacy services.

Housing

Recommendation 1

HUD should acquire land in the Asian American communities using condemnation procedures if necessary and create housing programs for the Asian elderly with related life support services on a crash basis.

Recommendation 2

The Federal government should provide special funding to meet the needs of elderly Asian Americans for new housing by providing loans to Asian American nonprofit organizations to develop housing with attention to cultural preferences.

Recommendation 3

HUD should provide substitute housing to Asian elderly, who live in substandard congregate housing, in the same community to prevent environmental displacement.

Recommendation 4

The government should institute rent control and rent increase exemptions to Asian American elderly.

Recommendation 5

All efforts should be made to maintain Asian elderly in their own homes, if they wish to remain there, with collateral life support services rather than having them go to an institutional setting.

Recommendation 6

The Federal government should initiate a substantial tax incentive to the younger generation who can provide housing and/or other supportive care for their Asian elderly relatives.

Recommendation 7

Federal, state, and local funds should be made available for establishing nursing homes for elderly Asians which provide for bilingual, bicultural staffing, ethnic foods, family and individual counseling services, and recreation and leisure activities which are culturally related to Asians. Protective group or residential arrangements should be provided in the community where Asians are concentrated for those who can continue to live independently.

Health

Recommendation 1

In the development of a more complete range of health care (physical and mental) services for the aging through a national health insurance program, specific provisions should be established to meet the special needs of elderly Asian Americans.

Rationale

Elderly Asian Americans have health problems similar to those of all older persons, but they have borne added burdens due to cultural and language differences which make accessibility to health care services difficult.

Program Issues

Mobile medical outreach teams should be established to serve the Asian elderly in the community. Such teams should be developed to relate to language and cultural patterns of the elderly Asian.

Public and private funding should be provided for health education of elderly Asians by the community through multi-service centers and regularly scheduled community information days.

Income

Recommendation 1

A Federal guaranteed annual income program for the elderly must be established if this nation is to meet the basic needs of elderly Asian Americans who are denied benefits related to "covered" employment (i.e., Social Security, pension programs) because of long-existing discriminatory employment patterns.

Rationale

Limited and fixed income levels for older Asians as provided by standard sources (Social Security, pension funds, savings) have been inadequate to meet their needs, especially health and housing costs. Furthermore, many older Asians have no sources of income whatsoever since they were employed in occupations (self-employed, domestic labor or farming) which are not covered by Social Security or private pensions.

Program Issues

The involuntary and enforced period of time spent by Asian elderly (from the Japanese community) in concentration camps during World War II should be fully accredited as accumulated time towards the receipt of full Social Security benefits as well as other Federal benefits to which they are entitled.

All references to differential treatment of aliens with regard to public programs (i.e., public welfare programs) should be stricken.

Newly arrived elderly Samoans should be guaranteed their Social Security benefits derived from work in American Samoa.

The unique income-saving plans of the Asian elderly should be fully legitimized and safeguarded (e.g., Tannomoshi, Kei) by financial systems.

Employment and Training

Recommendation 1

There should be continuation, expansion and innovation of placement, training, and job assistance programs for Asian elderly through state employment programs and special Federal programs for older people. Asian elderly should be employed as community workers to educate others. They should also work in public agencies, community organizations such as funded by SRS under the Older Americans Act (Titles III and VI).

Sheltered workshops for the Asian elderly should be developed.

Training

Recommendation 1

A Federal policy should be created emphasizing training of Asians who will work with older Asians. There should also be provisions for non-Asian workers to receive training which will enable them to work effectively with Asian elderly. As an illustration, support for training should be made available by SRS-HEW under Title V of the Older Americans Act.

Rationale

Most non-Asian workers currently serving the elderly are not aware of the needs and concerns of the Asian elderly. They are not able, therefore, to work effectively with them and have alienated the Asian elderly.

Program Issues

Opportunities for bicultural, bilingual Asians to serve Asian elderly with special skills, understanding and knowledge should be provided.

Special training programs should be provided and conducted by Asian bilingual and bicultural workers for public agencies serving the Asian elderly.

Education

Recommendation 1

Educational institutions (public and private and at all governmental levels) should provide special and continuing educatio courses for elderly Asian Americans which will enable them to become more knowledgeable about services and programs that exist for all elderly and to learn about their unique cultural heritage.

Rationale

There should be a continuous effort made in all needs areas to educate the elderly, the public at large, and program and service personnel as to the differeing needs and problems of Asian elderly.

Nutrition

Recommendation 1

Existing nutrition policies for older persons which receive

Federal support should be reexamined and revised to include the cultural food preferences of the elderly Asian American.

Rationale

Nutrition programs for the elderly have failed to include special dietary and cultural preferences of older Asian Americans.

Program Issue

The food stamp program as presently constituted excludes elderly Asians from purchasing ethnic foods. The food stamp program should be revised to include provision for the purchase of ethnic foods.

Meals on wheels programs for the elderly should be revised to meet the basic dietary preferences of older Asian Americans. Nutrition education programs should be provided for older Asian Americans which will assist them to plan well balanced diets using their own ethnic foods.

Transportation

Recommendation 1

Free public transportation should be made available to the Asian elderly which will enable full accessibility to culturally preferred life support services both in and outside the community.

Rationale

The special needs of elderly Asians for cultural and life support services necessitates transportation needs which currently are not provided in public transportation systems.

Program Issues

Public and private funding shall be made available on a local basis to insure that elderly Asians will obtain equal freedom of mobility as the rest of the elderly.

Public funding shall be provided to voluntary organizations which provide transportation to the Asian elderly to meet their needs.

Special Concerns Advocacy
Recommendation 1
The Federal government shall establish a Cabinet Committee for Asian American Affairs which would include among its priorities the needs of elderly Asian Americans.

Recommendation 2
In all political jurisdictions where Asian Americans reside, the Committees or Commissions on Aging shall include Asian American representation. All agencies which directly effect the elderly in such jurisdictions shall appoint staff or retain consultants of Asian background who are knowledgeable about the needs and cultural preferences of Asian elderly.

Legal
Recommendation 1
In passing legislation and adopting regulations at all governmental levels affecting services to the elderly, no differentiation shall be made between aliens and citizens.

Recommendation 2
Free bilingual legal assistance must be made available to Asian elderly who wish to become naturalized citizens.

D. THE ELDERLY CONSUMER

Introduction

The delegates of the Special Concerns Session on the Older Consumer reaffirm the four basic consumer rights of all citizens:

The Right to Safety
The Right to be Informed
The Right to be Heard
The Right to Choose

In order to achieve and maintain these rights, the government and the private sector must effectively combine and direct their energies and resources toward that goal. Although the majority of the recommendations from this Conference are directed to government and voluntary agencies for their implementation, the consumer delegates are particularly concerned that business and industry cooperate with voluntary and government agencies to create an equitable, economical, accessible, and attractive marketplace for the older consumer.

The White House Conference on Aging Special Concerns Session stressed specific issues that would strengthen the older consumers position in the marketplace and which had not been addressed directly in other major sections. These issues are:

I. Consumer Education and Research
II. Consumer Advocacy and Representation
III. Consumer Protection and Legislation

Recommendations

I. Consumer Education and Research

The older consumer has the right to be informed. In a country such as ours, where literacy is high and mechanisms for communication are available and reasonably inexpensive, the most important approach to consumer education and research must be to impart to the older consumer information and methods which will alert him to the problems of the marketplace and enable him to make realistic and prudent decisions; not only learning what to buy, but how to buy.

The following recommendations could help assure that the older consumer's rights are protected:

1. Agencies of the federal, state and local governments in cooperation with each other, should develop and administer curriculum guidelines for the education of older consumers. The following areas, among others, should be covered: banking and lending institutions; budgeting; consumer fraud; door-to-door selling and telephone soliciting; false advertising; funerals; health frauds and quackery; insurance (auto, health, home and life); medical care and services; nutrition; pricing practices

(particularly in low-income areas); public assistance and services available at little or no cost, including legal services; purchasing of all consumer products; real estate; retirement planning, and safety.

2. Consumer education efforts at the local level should include the establishment of consumer information and referral centers with appropriate emphasis on and provision for the older consumer.

3. Any independent consumer agency established within the federal government structure should provide for consumer information services for the elderly. The agency should gather information from other federal agncies and non-federal sources to disseminate to the public through government-sponsored extension service programs, consumer-oriented seminars, institutes, and other leadership and group participation programs.

4. In communicating with the elderly consumer, there should be a maximum use of such of the following methods as have been deemed to be effective: educational television; commercial television; extension courses; other adult education courses; radio; newspaper articles; brochures; local club and group activities; storefront offices; and paraprofessionals. Special emphasis should be placed on person-to-person contacts.

5. The broadcasting industry -- including networks, local stations and educational television and radio -- is called upon to use its resources to prepare and/or accept and to air information and educational programs on the consumer needs of the aging. Special emphasis would be placed on the problems of the five million elderly whose income is below the poverty level and, where appropriate, the format of such programs should involve the elderly themselves.

6. Research should be done by government at all levels in cooperation with the private sector, universities, and non-profit groups on the problems of the older consumer, the behavior of the older person in the marketplace and on his particular needs for education and protection,, so effective education programs can be developed and remedial action suggested.

7. The results of product research and testing by government and the private sector should be translated into layman's language and made accessible to the older consumer.

8. Any consumer education and research programs developed at the federal, state and local level can be most effectively administered at the local level.

II. Consumer Advocacy and Representation

The older consumer must be assured that his voice will be heard and his wishes considered when decisions are made which affect the quality of his life. He must also be assured that his concerns be given necessary emphasis and priority, The Consumer Concerns Session voted to recommend that:

1. A consumer agency should be established which would be a separate entity within the present federal government structure and which would have the authority to serve as an advocate of the consumer, both as an

individual and as a class, in proceedings before federal agencies, federal officials, and federal courts. Other functions of this agency would include the authority to conduct research and education, including the provision of systematic and comparative information about consumer products. In addition, the agency must be adequately financed to fulfill its responsibilities and to have sufficient monies for enforcement. Money must be made available for grant-in-aid programs to develop consumer protection programs in individual states, jurisdictions, territories and possessions.

2. Consumers should have the right to sue as a class (class action suits) in proceedings before state and federal courts and agencies.

3. Social service agencies and volunteer action agencies at the federal, state and local levels must be vested with proper advocacy powers to represent their clients when consumer issues are involved.

4. Each state should retain its delegates as advisory boards to represent older consumers at the state governmental level.

5. A consumer representative should be added to the newly established cabinet-level committee which now coordinates federal policies for improving the quality of life, dignity and productivity of the nation's older people.

6. The President's Office of Consumer Affairs should make a specific staff assignment to deal with the consumer problems of older people.

7. The Administrator of every state and local governmental agency or office dealing with consumer affairs should designate a specific staff member to deal with consumer problems of older people.

8. Every state investigative team which is created to inspect health facilities which will provide Medicare and Medicaid services should include a consumer who is eligible for these services and who lives in the community of the facility being surveyed.

9. The delegates also expressed particular concern regarding fee schedules set by physicians, attorneys, dentists, morticians, and other fee-for-service professionals.

III. Consumer Protection and Legislation

Today's changing marketplace has become increasingly complex and impersonal. Because of these characteristics and other factors which relate particularly to older people, such as fixed and low income, limited mobility, and poor health, a significant number of older people have difficulties as consumers. Action must be taken at the state, local, territorial, possession and protectorate, as well as federal levels, to see that the rights of all consumers are protected and that particular problems that relate to the older consumer receive necessary and appropriate attention.

Delegates recognize the need to form consumer organizations and to know their state and federal legislators for the purpose of promoting the implementation of the legislative suggestions made by the White House Conference on Aging.

1. Consumer Product Safety Legislation*

We recommend the passage of a consumer product safety law which has undiluted responsibility for preventing consumers from being exposed to unsafe goods, drugs, cosmetics and other consumer products.

2. Insurance Legislation*

- Health insurance: We recommend passage of legislation requiring more stringent regulations regarding private health insurance (with particular emphasis on health insurance which supplements Medicare).

- No Fault Automobile Insurance: We strongly urge that the delegates return to their states and work for the passage of laws at the federal and/or state or territorial level providing for no fault automobile insurance to replace the present inadequate auto reparations system.

3. Hearing Aid, Physical Therapeutic Devices and Appliances Legislation*

We urge the Council of State Governments and the State's Attorneys General and the American Law Institute to draft and promulgate uniform model laws regarding the dispensing of hearing aids, physical therapeutic devices and appliances.

4. Miscellaneous Administrative and Legislative Proposals

- Require packaged consumer commodities under the Fair Packaging and Labeling Act to be priced on a per unit basis, displayed on the package or shelf in print that is easily read and understood so prices can be compared.

- Reform regulation of land sales to provide for elimination through legislation of current exemptions from the Interstate Land Sales Full Disclosure Act; better property report disclosures; and a 72-business hour cooling off period in land sales contracts.

- Provision should be made to allow consumers increased opportunities for settlement of small claims to eliminate lengthy court procedures.

- Standards of flammability should be updated and effective federal regulations applied under the Flammable Fabrics Act of 1968.

Legislation should require the name and all active ingredients in prescribed and over-the-counter drugs to be disclosed in standardized readable terminology on the label of the drug as packaged for sale or delivery.

- No laws or trade practices should prohibit the advertising of prescription drug prices. Furthermore, as a matter pof public policy, complete information about the availability of pharmaceutical services should be provided to allow informed judgments as to the value of the products and services received by consumers.

- Legislation should require a 72-business hour (3 day-cooling off period which would give the buyer or borrowers from a seller or lender who is operating away from his established place of business (includes door-to-door selling) 72 hours to cancel a contract.

- Provision for a simple, open-dating system for all packaged foods should be required to indicate when each item should be removed from the store shelf.

- The Food and Drug Administrationshall require all manufacturers to print information regarding ingredient content by percentage, vitamin content, and caloric count on all packaged foods to be sold in this country.

- Legislation to abolish holder-in-due course laws.

- Legislation should be passed to prevent the denial of credit to older persons solely on the basis of age.

- The intent of "The Older Citizens' Consumer Program," published by the Kansas Citizens Council on Aging in February, 1971, was accepted as expressing the general opinion of the delegates participating in the Special Concerns Session on the Older Consumer.

*Detailed provisions included in complete report to be published.

E. MENTAL HEALTH CARE STRATEGIES AND AGING

Introduction

It is agreed that the aged are a heterogeneous group. Large numbers of them need a wide variety of comprehensive health care. Mental impairment and a wide variety of functional disorders are common. Depressive reaction to the changes in role, status, appearance, and to decrements of function or ill health is prevalent. Consequently, there should be recognition of, and response to, the elderly person's need for mental health care and psychiatric care wherever he may be and whatever his age or condition. All institutions including mental hospitals and centers should have the obligation, and the facilities, to diagnose, treat or to safely provide for transfer to a more adequate site for care all applicants for admission in crisis. Differences in financing patterns, geography, transportation facilities and population distribution may make for different patterns of intermediate and long term care in different localities. Financial, social and technical matters should not interfere with ease of admission to and discharge from in-patient care facilities or return home to functional status in the community. Also, readmissions and transfer to more suitable loci of care should be easy and free of financial or legal obstructions.

Recommendations

1. It is recommended that at an early date, there be established a Presidential Commission on Mental Illness and the Elderly, with responsibility for implementing recommendations made at the White House Conference on Aging. Its members should be appointed by the President, subject to the advice and consent of the Congress.

2. It is recommended that a Center for the Mental Health of the Aged be established within the NIMH, with the authority and funds for research, training, and innovative programs for older people in the community and in hospitals.

3. It is recommended that there be recognition and support of each older individual's right to care and treatment in any one of the wide range of alternative mental health services now existing, or those that will be developed.

4. It is recommended that there be universal prepaid, comprehensive health insurance including coverage for mental illness and health.

5. It is recommended that inequities and discrimination with respect to the financing of mental health services should be eliminated from Medicare and Medicaid. There should be prompt elimination of deductible and co-insurance features; and inclusion of drugs, currently excluded dental care and prosthetics under Medicare.

6. It is recommended that Medicaid funds should be properly used as legally prescribed; this should be guaranteed by adequate Federal supervision and enforcement.

7. It is recommended that all funds allocated by the Congress for research and training and services for the elderly should be released and distributed promptly both now and in the future with speedy cooperation of the Executive Branch of the government where required. (See recommendation on the appointment of a Presidential Commission.)

8. It is recommended that efforts should be made at Federal, State and local levels to develop options to institutional care.

9. It is recommended that adequately staffed and programmed comprehensive mental health diagnostic and treatment centers be developed in neighborhood health centers, community mental health centers, hospitals and other appropriate local, geographically accessible settings; special attention to adequate funding is of prime importance.

10. It is recommended that properly staffed in-patient or residential facilities with proper programs should be available in adequate number; all of these should have available methods of supervising, caring for, and protecting persons in their own homes for as long a period as medically and socially possible for the patient.

11. It is recommended that more attention be given to the development of innovative therapeutic services to currently institutionalized older persons, and for the future care of persons in need of protective environments as in-patients or residents in congregate settings.

12. It is recommended that research monies for studies of aging and the elderly, from basic biological processes, to social and psychological phenomena, be greatly increased.

13. It is recommended that all mental health programs for the elderly, be open to all, without a "means test." This mandates adequate funding.

14. It is recommended that there be recognition that training and education of the necessary health professionals is urgently indicated. Such health manpower must be increased in number as well as quality. Again, adequate funding is a necessity.

15. We are aware that there is a large body of factual and technical data on aging and the practical treatment of the disorders in the elderly which is not generally available and known. Therefore, it is recommended that material describing the best comprehensive care methods in a variety of settings should be prepared, widely distributed and their availability made known.

16. It is recommended that the proposed Presidential Commission or another appropriate government agency, look into the methods of purchase and provision of mental health care currently undertaken by Federal, State and local governments, in order to advise as to what is most economical and effective.

F. THE OLDER FAMILY

Introduction

American families bear the brunt of all the care, economic and emotional nurturance, and sense of belonging that aging families need. Research finds that it is, primarily, to their families that older people turn for help.

Recommendations

We therefore recommend that:

1. A Department of Family Life be established with cabinet status for its Secretary, so that the American family may be represented on all policies affecting the many millions of families who now carry the chief responsibilities for their members of all ages.

2. A National Institute on The Family be developed in which concerns of central importance to families, and to the society of which families are the core, be studied, to serve as a basis for considered action.

3. The President of the United States call and convene a White House Conference on the Family in the near future.

4. Tax reductions be given for qualified family gifts and assistance, as they are now given for charitable contributions.

   Family support and care of their aging members, without recognition or relief from tax burdens, save the government as well as private agencies many millions of dollars, staff years, and expensive programs.

5. Death education be widely encouraged and implemented.

6. Medical and legal priorities be established to assure quality of life, rather than prolongation of the process of dying.

7. Public and private agencies working on behalf of America's aging recognize the family roles, relationships, and responsibilities implicit in the stage of family development represented by each older person served.

8. All possible steps be taken to make it possible for aging persons to live as long as possible in their own homes and that the kin families be able to carry out their responsibilities to older families.

9. Housing and homes for aging persons should be so designed as to allow for private quarters for couples wishing to share them. Attractive social centers should be provided where older men and women could enjoy the formation of new friendships and relationships to take the place of those that they have lost, and all personnel should be taught to accord full respect and dignity to these.

We recommend this because, among the primary characteristics of aging persons today are loneliness and emotional deprivation, and institutions and personnel involved in caring for the aging should be oriented as realistically and humanely as possible to meet their deep-seated needs for companionship and human warmth.

10. The social security laws be revised to make it possible for older families or for older persons wishing to take up family life through remarriage to combine their incomes. The present law provides that persons on Social Security who marry find that their income decreases. The law should be changed to allow continued receipt of Social Security without decrease in the amount.

11. A National program of family guaranteed income be established which would include the aged family. This is necessary in order to make it possible for the older family to have the financial wherewithal to continue to exist at a time in its family life cycle when income is sharply reduced. In addition, such a guaranteed income will make it possible for families to continue to carry out their responsibilities and roles in relation to older families.

12. The Congress and the President of the United States be requested to enact appropriate legislation to proclaim that the week in which Thanksgiving is celebrated each year under Act of Congress be officially designated as National Home and Family Week, that the Sunday of such week be designated as Family Sunday-U.S.A. and that all citizens be urged to observe these dates with serious reflection and realization that the principles of family responsibility to spouse, children and parents, as well as the importance of the stability of marriage and the home for our future well-being, require renewed allegiance and every-day implementation.

13. The paper presented by Dr. Evelyn Duvall at the White House Conference on Aging, in the special session on "The Older Family" be referred to the President of the United States, to the Administration on Aging, and to the Secretary of the Department of Health, Education, and Welfare with the strongest possible recommendation that the information be studied and implications drawn as a basis for planning, setting agency priorities, etc. - toward support through education and community resources.

14. Courses on marriage and family living include material on the older family.

15. A Task Force be formed representing this Conference and major national organizations and agencies concerned, to: (1) explore the present status of family life education in the public schools of the United States; (2) develop plans for strengthening such programs as now exist; and (3) encourage the development of new comprehensive programs of education for home and family living as rapidly as possible, as an integral part of our American system of public education.

G. HOMEMAKER - HOME HEALTH AIDE SERVICES

Introduction

Homemaker-home health aide service helps families to remain together in their own homes when a health and/or social problem strikes or to return to their homes after specialized care. The homemaker-home health aide carries out assigned tasks in the family's place of residence, working under the supervision of a professional person who also assesses the need for the service and implements the plan of care.

A national approval system has been developed which provides agencies, whether under voluntary, governmental or proprietary auspices, help to assure the quality of **homemaker-home health** aide services throughout the country. This program for approving agencies will be implemented in 1972.

Despite the demonstrated need it is estimated that there are only 30,000 homemaker-home health aides in the entire United States serving all categories of social and health needs: the ill, aged, disabled, children and others with social and/or health problems. At a minimum, homemaker-home health aide agencies should have available 300,000 homemaker-home health aides or one homemaker-home health aide per every one thousand persons in our total population. For older persons, the ratio should be approximately one per 100 as a minimum.

Professional personnel is in short supply and it is expensive. Para-professional or allied professional help must be utilized where and when appropriate from the standpoint of safe and effective care. Homemaker-home health aide service is an exemplary utilization of para-professional personnel.

To meet established national standards, homemaker-home health aides must be carefully selected, trained and supervised, but they do not require an extensive educational background and therefore this vocation is proving to be a realistic choice for many educationally disadvantaged but capable individuals. Often these are middle-aged or older women. The community stands to gain doubly from this service as previously unemployed individuals become self-sustaining.

Homemaker-home health aide services provide many older persons the choice of maintaining independent living.

Recommendations

1. Homemaker-home health aide services are basic to continued independent living for older individuals in their own homes or in other places of residence considered as home, or the return to independent living of a large proportion of older people. They must be required in those health and welfare programs for older people, with broadened definition for greater flexibility and eligibility for services in which the Federal government participates financially. They must be required services available throughout each state. These services must be well publicized including frequent use of mass media.

   Federal Legislation for both Health and Welfare programs should specifically identify and require that Homemaker-Home Health Aide Services are available to every community, with appropriations of Federal Funds making it possible to establish them.

   The expansion of these services will require additional funds but it should be recognized that they also open up and offer new opportunities for employment and careers for many mature women and men.

2. Since homemaker-home health aide services may be needed in any family rich or poor at some time, they should be available free, or on a sliding scale of fees, to the recipient or through third party payments, or other financial sources. Experimentation with new and different methods of financing should be explored. Federal and State Legislation should be enacted to provide adequate on-going public funding to make it possible to provide homemaker-home health aide services for all older persons to live in their own homes or other places of residence.

3. Since at the time of need for homemaker-home health aide services the individual or faimly is in a vulnerable situation, there must be requirement that any agency providing such services, whether public, voluntary, or commercial, meet nationally established standards to protect the quality of the services rendered. Such standards call for a team approach, using both professionals and para-professionals.

4. The necessary resources of other related in-home services such as friendly visitor, meals on wheels, chore services, shopping and transportation, as well as other in-home professional services must be available when needed if individuals and families are to be served as effectively as possible.

   Any in-home service must be provided only when it is the choice of the person or persons to be served with their full knowledge of alternatives.

5. Homemaker-home health aide services must be available as supportive, protective, and preventive services on a flexible basis for as long as needed, whether full-time or a few hours per week, whether on a continuing supportive basis or for only a temporary period of time. The arrangements in each case should provide the older person the option of remaining in his own home or place of residence, as long as it is feasible and possible to do so with dignity and safety.

H. THE ELDERLY INDIAN

Introduction

A new day is dawning and a new era of opportunity is opening to us, particularly to the American Indians and Alaskan Natives. The blessings of life, liberty and the pursuit of happiness guaranteed by the US Constitution is the American Dream, and an inspiration for living.

Our task and the task of the government is not only to guarantee the availability of these blessings, but to secure them for our people to the fullest extent.

American Indians and Alaskan Natives must be provided the opportunity and the Technical Support needed to Plan, Implement, Administer and Evaluate those programs which serve the needs of the Elderly American Indian.

In order to assure that Indian People fully participate in all phases mentioned above, changes in National law or policy must be made. We, therefore, make the following recommendations.

Recommendations

1. It is recommended that the United States Government reassures our Elderly Indian Citizens that the existing relationship between their tribes and the Federal Government will be continued. Such assurance will help to Allay existing apprehension and fear of the Elderly Indian.

2. It is recommended that an adequately staffed Indian Desk similar to those of other Federal Agencies be established in the Administration on Aging. The purposes of such a desk would be to: (1) Act as a central focal point for all projects dealing with the Aged. (2) Act as an advocate of the Indian Aged in serving their needs.

3. It is recommended that funds be made available directly to tribal Governments for those programs serving the needs of the Indian Elderly. The funds should no longer be funded through State organizations for Indian tribes.

4. It is recommended that the Federal Agencies serving the needs of the Elderly Indian increase the funding levels to adequately serve the vast needs of the Indian Aged.

5. It is recommended that a thorough and complete research program be developed to search, evaluate and amend existing laws and policies governing programs serving Indian Elderly.

In conclusion, these recommendations are presented to the White House Conference in the hope that this new day of opportunity will indeed become a reality for our people.

I. LEGAL AID AND THE URBAN AGED

Resolved:

1. The Law Enforcement Assistance Administration, HUD and other Federal agencies should provide funds for new methods to protect the elderly against crime. For example special security measures should be included in all housing occupied exclusively or largely by the elderly such as ways to call the police from each residence, high quality door and window locks, and extra guards. Social Security and other government checks can be sent on varied dates instead of all at once, and can be sent, with the consent of the elderly, directly to banks.

2. Social service agencies should be designated to work closely with police departments so that all elderly persons, who are victims of crime or who report non-criminal problems to the police, can obtain all necessary assistance. Such agencies might be within or outside the police department itself. Emergency assistance should be immediately available for persons who have suffered loss of checks or money, personal injury or other damage. A single telephone number should be publicized so that the elderly can readily obtain these services. The law Enforcement Assistance Administration and other Federal agencies should provide grants to agencies to provide these services. And the local Bar Association should develop programs to ensure that victims of fraud can obtain attorneys to represent them in suits seeking compensation for their losses.

3. The criminal justice system should give special assistance to elderly persons who are victims of crime or are witnesses in criminal cases. For example, police officers, prosecutors, and defense attorneys should be especially trained to communicate with the elderly. Elderly witnesses may need to be provided with transportation for court appearances. Trials may have to conducted more promptly to relieve the burden on the elderly from repeated and protracted court appearances. The Federal Government should provide assistance to these efforts such as by including these ideas in training provided by funds of the Law Enforcement Assistance Administration for personnel of the criminal justice system.

4. The Federal Government should provide funds to allow consumer protection agencies, with staff, to be established or expanded by state, county or city government in every locality to protect the elderly from fraud. They should develop educational techniques to alert the elderly to the kinds of frauds frequently practiced and the need to consult a legal service or other attorney when

large purchases are being made. They should also draft statutes needed to protect the elderely, such as allowing several days for recession from contracts made with door-to-door salesmen of home improvements or various consumer goods.

5. Fraud units should be established in Federal, State, and local police and prosecuting offices. The personnel of these offices should receive thorough training in methods to detect and combat schemes used to deceive the elderly. The Federal Government, either directly or through the Law Enforcement Assistance Administration, should provide training and funds to enable such programs to be established.

6. The Federal Government (through the Office of Economic Opportunity, any successor legal service agency providing funds for legal services to the poor, or other agency) should set aside funds to be used for special legal services to serve the elderly which are at least proportionate to the elderly's share of the total poor. These services could be provided by existing legal service programs or new programs. A minimum of $10,000,000 a year should therefore be set aside for this purpose immediately. Some of these funds should be available to allow organizations of the elderly to retain partial fees or prepaid legal insurance for the elderly whose incomes are inadequate to pay full legal fees or the cost of such insurance.

7. The Federal Government (Through the Office of Economic Opportunity, any successor legal service agency, or other agency) should establish a special center concerning legal rights of the elderly comparable to its centers relating to health, housing, consumer, migrant problems. The center should do research, bring test cases, draft and work for model legislation, train legal service attorneys and legal aides, and have additional funds to support demonstration and research programs concerning the legal problems of the elderly.

8. The Federal Government (through the Office of Economic Opportunity any successor legal service agency, or other agency) should provide funds to train elderly laymen as paid legal aides and to operate programs in which these aides can act as advocates for the elderly before administrative agencies.

9. Legislation to establish a legal services agency to assume the responsiblities of the Office of Economic Opportunity relating to legal services should assure that the elderly are represented on the agency's board of directors in approximate porportion to their share of the poor.

10. Legal service programs should themselves develop or work closely with existing outreach programs to the elderly poor so that the elderly are fully aware of and have full accessibilty to legal services.

11. All Federal and state benefit programs --such as Social Medicare, Medicaid, and Old Age Assistance--should provide for the payment of attorneys' fees, which are not taken from the benefits to which the elderly are entitled, for all elderly persons who challenge decisions to deny, reduce, or limit benefits. These fees should be adequate to attract attorneys to provide service to elderly clients regardless of income.

12. All Federal and state benefit programs should explicitly notify in writing all elderly persons whose benefits are denied, reduced or limited, that they have the right to representation by an attorney or trained lay advocate, the desirability of this representation through legal service programs, Bar Association referral committees, and other means. The Federal or State Government should provide for free counsel chosen by the elderly if the elderly cannot otherwise obtain counsel.

13. The elderly should be provided free, competent attorneys in all proceedings relating to civil commitment, conservatorships, and other proceedings brough to restrict their freedom or other legal rights. Such legislation should allow the elderly to pay for persons of their own choosing

14. The states should adopt legislation providing public guardians, conservators, and administrators without cost to the elderly who cannot afford from modest assets to pay for these services. Such legislation should allow the elderly to pay for persons of their own choosing.

15. A subcommittee of this Session should continue to operate after the Session is concluded to work with the leadership, staff, and delegates to the Conference and with other government officials to carry out the above recommendations.

J. LONG-TERM CARE FOR OLDER PEOPLE

Introduction

The Special Session on Long Term Care is concerned about the development of a National Policy on Long Term Care. We meet within the context of a growing national involvment in this area.

It was only in the 1930's that the Federal government became deeply involved in human services. We meet within the context of disclosures in many cities of inadequate nursing home care. We are aware of Ralph Nader, Congressman David Pryor, and now the views of HEW Secretary Elliot Richardson. We hope that the commitment of the Administration to standards will be matched by a concomitant commitment to adequate funding of long term care.

We recognize that long term care involves not only inpatient care but also services to people in their own homes as well.

Our focus should be upon the individual and making the right to adequate long term care a reality.

Recommendations and Comment

1. It is recommended that all long term institutional care aspects of the Title XIX (Medicaid) program be completely federalized. By federalization is meant funding shall come from federal general tax revenues; that a uniform minimum level of benefits be set on a national level; and that standards be uniform nationally.

   It is further recommended that payment to institutional providers of long term care be made on such a basis as to cover the cost of providing that care, and, in the case of proprietary facilities, to allow a fair return on investment. Payment to facilities is not necessarily to be the same in dollar amounts, but is to be computed using the same formula nationwide.

   The recommendation was adopted with 25 delegates opposing. This did not represent 15% of those present at the time of voting.

2. It is recommended that Medicare-type cost reimbursement be specifically discouraged and that prospective rate-setting be encouraged with proper incentives to encourage the providing of good patient care.

   The recommendation was adopted with two delegates opposing. This did not represent 15% of those present at the time of voting.

3. It is recommended that the problems and feasibility of transferring the long term institutional care aspects of the Medicare program to the Medicaid program be intensively studied.

   The recommendation was adopted with five delegates opposing. This did not represent 15% of those present at the time of voting.

4. It is recommended that the Department of Health, Education, and Welfare work to change the primary emphasis in nursing home inspections from physical plant standards to direct patient care.

   The recommendation was adopted with two delegates opposing. This did not represent 15% of those present at the time of voting.

5. It is recommended that a national policy on long term care needs must have mechanisms of being implemented and financed;

   That supplementary resources are needed to be allocated to means of financing alternate care;

   That this is a reason for low standards of care in many long term care institutions;

   That we need a change in national priorities to human needs;

   That we call upon the government to change our national priorities, shifting some of our resources, from defense, foreign assistance, and space priorities to the needs of our elderly citizens to implement a national policy on long term care.

   The recommendation was adopted with seven delegates opposing. This did not represent 15% of those present at the time of voting.

6. It is recommended that a Presidential Commission on Mental Health and Illness of the Elderly be established.

   The recommendation was adopted with one delegate opposing. This did not represent 15% of those present at the time of voting.

7. It is recommended that any national health insurance program which is adopted should meet the needs of those who require catastrophic, long term physical and mental health care and social services both within and outside of institutions.

   The recommendation was adopted unanimously.

8. It is recommended that, to encourage the physician to accept responsibility for the medical care of patients in long term care facilities, the coverage limitation of one physician visit per patient per month in nursing homes be eliminated and that physicians be allowed to see patients as often as is deemed necessary by the professional staff as the patient's condition warrants.

   It is further recommended that the physician be reimbursed at his reasonable established fee level without reduction for seeing several patients during one visit in extended care, skilled nursing, and nursing facilities.

   The recommendation was adopted unanimously.

9. It is recommended that more registered nurses be placed in leadership positions in all programs involving health care of the elderly at all governmental levels.

   The recommendation was adopted unanimously.

10. It is recommended that preventive and restorative dental care benefits be made available for all persons over age 65, and that those benefits be fully funded by the Federal government for those who cannot afford to pay for such care.

    The recommendation was adopted unanimously.

11. It is recommended that an appropriate expression of appreciation be made to Dr. Arthur Flemming, Chairman of the 1971 White House Conference on Aging, for his efforts in making the Special Session on Long Term Care possible.

The recommendation was adopted unanimously.

12. It is recommended that the provision of care and services for the aged be removed from Title XIX (Medicaid) and Title XI, and that all health care for the aged be provided under an expanded Title XVIII (Medicare) program. It was further moved that health care be provided to all aged as a matter of entitlement; all persons should be covered and means tests presently in use under Title XIX be abolished.

Minority Report: The Session was divided on this motion because of some deep seated reservations about the suitability of the Medicare program as a vehicle for meeting total health care needs for the elderly.

The recommendation was adopted with 58 delegates in favor and 55 delegates opposing.

13. It is recommended that the Secretary of Health, Education, and Welfare study the feasibility of health facilities (i.e., hospitals, nursing homes, ECF's, etc), including long term care facilities, becoming public utilities and that his report be submitted as part of the post-White House Conference on Aging report by December 31, 1972.

Minority Report: The Session was divided on this issue because some delegates have serious reservations regarding the concept of making health facilities into a public utility.

The recommendation was adopted with 29 delegates in favor and 26 delegates opposing.

14. It is recommended that social services, as part of the team approach, are important to guarantee quality care of the elderly in long term institutional care and should be supported by legislative action.

The recommendation was adopted unanimously.

15. A proposed recommendation that Federal requirements for State participation in Federally supported health care programs include a requirement that inspectors and surveyors of nursing homes hold currently valid licenses as nursing home administrators in the States in which they work plus special preparation in inspection of long term

care facilities was defeated 73 to 11.

16. It is recommended that there should be Federal financing available for the construction of nursing homes and health facilities. It is further suggested that this financing take the form of a 40-50 year loan with a three to five percent interest rate or a guaranteed loan system.

The recommendation was adopted with two delegates opposing. This did not represent 15% of those present at the time of voting.

17 It is recommended that in the interests of the patient, standards and guidelines which carriers use in making their decisions on coverage be readily available to professionals helping to effect their care.

The recommendation was adopted unanimously.

18. A proposed recommendation that the element of profit be eliminated from the care of persons and that the profit factor be confined to a limited return on equity capital, meaning a profit in the form of rental of land, buildings, improvements and furnishings, over and above the actual cost of the care and services provided was defeated 49 to 25.

Minority Report: The minority view holds that the Senator Percy hearings highlighted the fact that nursing home patients are not receiving quality, comprehensive programs of care. This is most significant, in the minority's view, since most nursing home patients are public aid recipients. The minority feels that the taking of profits fromthe delivery of care additionally and substantially reduces the number of dollars available to provide the care needed.

19. It is recommended that appropriate Federal and State regulatory bodies and consumer protection agencies be urged to take appropriate action to protect the public by curbing the misleading and exaggerated mass media solicitation and advertisement of voluntary health insurance programs to the elderly and the general public.

The recommendation was adopted unanimously.

20. It was recommended that the Department of Health, Education, and Welfare consider the feasibility of national certification for consultant pharmacist to separate the "paper" consultant

from the bonafide consultant pharmacist and that the Department also explore the possibilities for reasonable reimbursement of consultant pharmacists for consulting services.

The recommendation was adopted with 33 delegates in favor and 2 opposing.

K. THE POOR ELDERLY

Introduction

Chairman: Ollie Randall

The Special Concern Session was attended by some 200 delegates, guests and observers. Dr. Walter M. Beattie, Dean of the School of Social work, Syracuse University addressed the group on the challenges of poverty among older Americans. A panel of commentators composed of older persons active in community action programs responded to the address. Several commentators emphasised the need to direct attention to rural areas and such groups as the Spanish-speaking migrant farm workers. All called for immediate action, best characterized by the words of Mrs. Mary Powell of the Springfield Township (Ohio) Community Action Council who said, "Do it now, I wont't be around in ten years for the next Conference!"

Mrs. Mary Louise John, President of the Foster Grandparents of Bexar County, San Antonio, Texas presented the group with the recommendations of the Planning Committee after which Rudolf Danstedt of the National Council of Senior Citizens provided comment on the recommendations. In discussions chaired by Jack Ossofsky of the National Council on the Aging, the Session agreed to the following introductory statement and the recommendations:

Introductory Statement

ACTION NOW

One out of every four Americans over the age of 65 lives in poverty. And even more live so close to poverty that its chilling effects hang over them. To the trials of old age are added the harsh burdens of poverty made more cruel by the fact that it need not be.

ACTION IS NEEDED NOW

No longer must American aged live in hunger, suffer from lack of health care, exist in delapidated housing, and remain isolated and hidden from the mainstream of American life. Many elderly-poor and rich are robbed of their dignity as human beings by a now-oriented society which too easily forgets the contributions-past and present-of its aged population.

We can-we must-we will do better!

While we must improve the quality of life for all the aged, our top priority must go to those who suffer most. America must address itself first to the needs of the elderly poor.

Our goals must equal our national greatness. Our action must merit our national pride. We must strive to provide more than mere subsistence; we can and must provide the opportunities for decent and meaningful living through all the years of life.

In planning, we must recognize the continuity of life. We must act immediately to lift the present aged from poverty. Even with adequate income, certain needed services cannot be purchased in the marketplace and must be provided. Within and between income and services programs, a full range of options should be available for all aged Americans.

To insure that future generations do not end their days in poverty and despair, we submit these recommendations to the White House Conference on Aging.

Recommendations and Comment

I. Income

It must be the national policy of the United States that poverty be eliminated as a concomitant of the older years. In this regard, priority must be given to providing older Americans with an income to keep them from poverty and subsequently to assure the aged an income foundation that will provide them with a comfortable existence.

1. The establishment of an income floor in the social security and adult assistance programs to provide all older persons with an income equal to the "intermediate" standard of living established by the Bureau of Labor Statistics. This would provide (as of Spring, 1970, the latest figures available) at least $2,316 for a single older person, regardless of sex, and $4,489 for a couple headed by someone 60 years of age or older. We recommend that this be done now through the immediate amendment of the Social Security Act(Title II) and of the Adult Assistance provisions of Title XX of H.R. 1 presently pending in the Congress.

Comment: During the discussion on this recommendation, a substantial minority of those present favored the adoption of earlier benefits for minority group persons to reflect their earlier death rates and their lifelong disadvantaged status. The body heavily favored the reduction of the age of elegibility for all groups to age sixty.

2. As a follow-up in the progression of the benefit floor, not later than 1974 the minium income for Social Security and Adult Assistance beneficiaries be upgraded to provide the elderly with the "comfortable" standard of living established by the Bureau of Labor Statistics. This would provide (as of the Spring of 1970), at least $3,403 for a single older person, and $7,114 for an elderly couple.

Comment: During discussions on this recommendation it was emphasized by the delegates that the "comfortable" BLS standard should set the level of future benefit payments.

3. Those elderly persons in the United States and territories not now covered or eligible to receive benefits under existing income maintenance programs be blanketed into the programs now so that all elderly persons can be assured an income at the comfortable standard of living and that there be no penalty or reduction in other benefits. As a further step to make this recommendation effective, the Old Age Assistance program must be merged into the Social Security system and the ensuing additional costs to be financed out of general revenue funds.

4. That computation mechanisms be established to periodically revise the benefit structures to reflect increases in the cost of living.

5. To meet the increased financial burden of these recommendations the general revenues of the Federal Government be utilized to supplement employer and employee contributions to the Social Security system, and that the Adult Assistance programs be completely federalized.

6. With respect to private and public pensions plans, require that they contain provisions for guaranteed vesting after the first year of employment, for guaranteed portability of pension benefits, and for Federal insurance protection against loss of pension benefits. Moreover, require that these pension entitlements and protections be spelled out to all employees under a "truth in pension" Federal statute.

7. Enact immediately a Senior Emergency Employment Act providing for one million full and part-time jobs for persons 55 years old and over who can and wish to work.

Comment: An additional recommendation, introduced from the floor, to immediately abolish the Social Security "earnings test" was defeated with a substantial minority favoring abolition. A number of delegates expressed a heated frustration with the continuing problems of reduced benefits associated with increases in social security payments (OAA, food stamps, etc).

II. Services

Even when the income levels recommended above are reached, many older people, especially poor older people, would face serious gaps in available services to meet their needs. To fill these gaps in health care, housing, and social services, we recommend:

A. Health

1. The income and service restrictions imposed on Medicaid and the shifting of the cost of Medicare on to the backs of the elderly through ceilings on length of benefit periods, increases in deductibles, increases in Part B (doctors care) premiums are seriously limiting health care for the elderly and the poor.

   The time is now to eliminate the hodge-podge of partial health care programs. Medicaid and Medicare systems should be reformed now through the merger of these programs and a Federally administered system covering all persons 65 and older established.

2. This Federally administered program should have no co-insurance and deductible features; it should provide for out-of-hospital prescribed drugs and afford, without limit, nursing home care in a facility owned or operated by an accredited hospital or comprehensive health service organization.

3. While immediate reform of the Medicaid and Medicare programs is essential, there must be early adoption of a national health system available to all, the young, the middle aged and the elderly, with a full range of health services financed out of payroll taxes and the general revenues with no additional billing to the patient for these services.

Comment: A substantial minority opposed the proposed national health system primarily on the question of costs.

B. Housing

Where the homes and apartments of older persons are now adequate, or capable of renovation, the course of action is clear. Every effort must be made to assure that the elderly keep or reclaim a decent place to live in neighborhoods of their choice. To achieve these goals, it should be the policy of the United States to assure:

1. The reduction of property taxes for lower income elderly home owners, with proportionate remissions for those older people who rent.

2. The greatly expanded promotion of grants and low, or no, interest loans by HUD to renovate unsuitable housing wherever such housing is located without regard to location in an urban renewal area or other artificial geographic limitations.

3. The end to liens on homes of those eligible for Adult Assistance.

4. The expansion of the Rent Supplement Program specially directed to older persons utilizing local organizations of older persons to promote its use.

5. Assuring that the planning of highways which dislocate thousands of low income older and other persons is discontinued; designing urban renewal and other physical development programs so that residences and natural neighborhoods are renewed and not bull-dozed; assuring that there is full participation of older poor persons in the planning of all physical development programs.

6. Where homes and apartments are not capable of renovation, the expansion of Federally-supported construction of new housing units to house the elderly poor who have no other means to secure decent housing.

Comment: Passed Unanimously.

C. Social Services

   1. It shall be the responsibility of the Federal Government working in concert with other public and voluntary agencies to establish in each community a public senior service system as the primary means through which the elderly receive services. Such services should include leisure time and cultural programs but should extend also to preventative health programs, information, referral, outreach and advocacy services, counseling, legal aid, help with employment, housing, securing benefits, etc. Such a public senior service system must be responsive to the aged themselves as participants and the decision-making processes determining what services are provided, through what means, and for what groups.

   2. Public departments of social services need to become the primary agency for services to the disabled and impaired elderly with services rendered through a consortium of public and private agencies. Needed services should be available to all the aged without and restrictions to financial status. Services available through these resources should provide a community health alternative to institutional care by offering such services as homemaker, home health and chore services, protective services, friendly visiting and telephone reassurance, day care, home-delivered meals, special transportation, etc.

3. Special efforts must be made in the delivery of services to assure that the older poor, minority elderly and those most isolated from the community are reached by the service systems, that bilingual outreach programs are built into all programs.

III. Self-Help - Social and Political Action

1. Older Americans including those who are poor represent a resource of experience and ability which can and must be utilized in dealing with their problems and needs. We urge that all agencies and organizations which seek to serve the elderly use that resource and find ways of involving the elderly on their policy making boards, on advisory committees and on their staffs so that they play a full role in the planning and delivery of services.

2. The elderly themselves need to take the initiative to develop and operate programs and services to meet their needs as they see them. Public and private agencies should motivate and support the elderly to undertake self-help programs and to engage in social action, articulating their needs and participating in the flow of community life to create solutions to those needs.

3. Voluntary agencies and church groups in particular are called upon to serve as enablers for the elderly, to encourage and assist them in developing new roles in self help, social action and political action. Recognizing that the elderly have not fared well by relying on others to act in their behalf, the elderly are urged to organize themselves into active social action and political action groups to press for those policies, to support those candidates and to ally with those organizations which will elevate their priority needs to national attention and action.
(Accepted Unanimously)

Other Concerns of the Session

The delegates accepted, without comment, a group of recommendations developed by the Spanish Speaking Caucus relating to the needs of the Spanish Speaking elderly.

Also accepted was a resolution submitted by State Senator Samuel Harman of Massachusetts memorializing the Congress to immediately enact legislation to remedy the inequitable loss of benefits associated with increases in Social Security payments.

L. RURAL OLDER PEOPLE

Preamble

Growing older in rural America presents special and unique problems to which we call the attention of the 1971 White House Conference on Aging and the general public. Sheer distance between people, and between people and services, is the most obvious aspect in which rural areas differ from urban ones. Distance complicates the delivery of any service to rural older people; the expense of maintaining private cars and lack of public transportation bar older people from coming to the services. Many people, in rural areas, are isolated by a more basic lack of roads. Rural transportation problems must be solved before there can be effective solutions to rural health, income, employment, or housing problems.

Another unique aspect of growing older in rural America is that a large proportion of the neighbors are also old. Nationally, one out of every ten of our citizens is old; in rural counties that ratio is often one in five. As the younger people are forced to leave to find jobs, they leave a shrinking tax base and a growing scarcity of services. Rising property and sales taxes in rural areas are becoming increasingly oppressive to older rural people.

Retirement income is lower in rural areas, too. Few workers in rural areas are covered by private pension plans. Income in their later years must come from Social Security, from savings, from continued employment, or from welfare. Since most rural people became eligible for Social Security relatively recently when agricultural workers and the self-employed were included, they have had fewer years of covered earnings and thus their benefits are lower.

Although older rural people are accustomed to working, there is a critical shortage of paid jobs for those who wish to work. Many urgently need work because of low income, yet present federal programs discriminate against rural areas. Rural areas have one-third of the poverty in this country, yet they get only sixteen percent of federal manpower funds.

National programs designed to provide part-time community service work for older rural people, such as Green Thumb and Green Light (funded under Operation Mainstream), have found the opportunity to serve and also earn is eagerly welcomed by rural older folk.

Programs established to meed the needs of the elderly in rural areas and small towns should be designed to fit their way of living. Most rural people have been very self-reliant all their lives. They were their own mechanics, plumbers, carpenters, doctors - because there often were no others. When crises came, neighbors quietly chipped in, often without being asked. Age has now stripped them of their resources but not their traditions. Many refuse to take advantage of the few services which are available because they don't know how to take the initiative in dealing with "government officials" and they feel a strong sense of shame and failure if they try. Programs must be designed to seek out needs, not merely respond to demand. They must deal with the rural elderly in ways which are not frightening or foreign to them. Older people need to be involved in designing, planning, and implementing these programs.

Recommendations

I. Transportation

1. A broad program to develop people-delivery systems in rural areas should be undertaken such as those by the Federal and State Governments, based on demonstration projects by the Office of Economic Opportunity, the Appalachian Regional Commission, Green Light, and others.

2. Legislation should be passed enabling and requiring public, social, health, and employment services in rural areas to help provide transportation and outreach; removing legal barriers such as taxi rates and car, taxi, and school bus insurance restrictions to such transportation services; and financing such services for older people in rural areas.

II. Legal and Protective Services

1. Older people in rural and farm communities must be provided legal and protective services in order to assure adequate voice and assistance on all issues which involve possible encroachment on their rights and property.

III. Employment

1. Community service employment programs for older people, such as Foster Grandparents, Green Thumb, Project FIND, Extension Service, Homemaker Aides, and Senior Aides, must be expanded into every rural county.

2. Public job assistance, training, and placement programs, currently required to give priority to youth and minority groups, should be modified and expanded to include a higher proportion of older workers. Such programs should have an equitable rural-urban distribution corresponding to the distribution of poverty.

IV. Income

1. In reforming the Social Security system, we urge increases in the level of earnings allowed and increases in the minimum benefit in addition to across-the-board percentage increases with a basic floor for adequate living (BLS) and with automatic cost of living provisions.

2. Present legislative and regulatory impediments to older people supplementing their incomes through employment, craft cooperatives and similar arrangements should be removed.

3. State and local governments should reduce or alleviate the disproportionately heavy property taxes on retired persons on limited incomes.

V. Housing

1. Legislation establishing and funding a major home repair program for older people in rural areas should be passed. It should include home repair loan and grant programs under the Farmers Home Administration (currently authorized but not provided); larger home repair grants for welfare recipients with less state matching funds than at present; authorization to use Federal manpower training programs to perform the work; and adequate staff to administer these programs efficiently.

2. More new housing should be provided for older people in rural areas. A major new rural housing program must be developed to meet the needs of the rural elderly. Public housing programs should be expanded in rural areas. The Federal Government should aggressively encourage local government and/or private non-profit organizations to implement these programs.

VI. Health

1. In the design of a national health service delivery system which provides for facilities, personnel, and payment for services, the unique characteristics of rural areas must be considered and special delivery systems developed. Transportation, outreach, and home care services should be integral parts of all health services in rural areas. The use of mobile health units for multi-phasic screening should be greatly expanded.

2. Health and nutrition education programs should be greatly expanded. Public Health, Vocational Education, Extension Services, and other such community action programs have found that poor nutrition practices are a major health problem of the rural elderly.

M. SESION ESPECIAL PARA LOS ANCIANOS DE HABLA HISPANA

Introduccion

Los ancianos hispano parlantes comprenden particularmente una clase vulnerable de personas necesitadas dentro de una poblacion de ancianos americanos que son tambien desproveidos.

Pobreza de esta magnitud existe en realidad y no es aceptada o comprendida en el ciudadano clase media. Es una pobreza que no tiene limites ya que afecta igualmente a los viejitos habla hispana de las zonas rurales, urbanos y metropolitanas.

Quiza la mas terrible desventaja que tienen los viejitos habla hispana en esta sociedad es su incapacidad para comunicarse y que no hablan ingles y que no entienden el sistema. La falta de conocimientos de los servicios de salud, vividndas, recreacion, empleo y servicios sociales estan directamente relacionados con la falta de conocimiento del idioma y del sistema. Hay una alta correlacion existente entre la habilidad de hablar ingles y su carencia de conocimientos de los pocos servicios, actividades y programas que tienen a su alcance.

Ingresos Economicos

Economistas nacionales pudieran aprender mucho si estudiaran como es que los ancianos pueden sostenerse con el poco dinero que ellos sobreviven. Su larga historica de pobreza no les ha permitido quardar para cuando el momento de retirarse les llega o recibir pension adecuada o beneficios del seguro social. Hay muchos que no reciben asistencia publica y tienen que depender en lo que les dan sus amigos y familiares.

Salud

La mortalidad en los ancianos hispano parlante es mas alta que el termino medio. Cuarenta y ocho anos es la edad media de mortalidad entre migrantes comparable con 65 entre los anglos. Esto se debe a la vida dura que han tenido que llevar toda su vida. Medicare y Medicaid provee ayuda pero no se puede comer apropriadamente sin dentaduras artificiales ni comunicarse sin una buena audicion o aparatos auditivos para los que no tienen medios economicos.

Transportacion

En las areas rurales los medios de transportacion son muy escasos y cuando existen son muy caros. En las ciudades metropolitanas los servicios de transporte son caros y los viejitos no pueden entender las rutas y los horarios por desconocer el idioma ingles y la carencia de servicios bilingues.

Alimentacion

La alimentacion inadecuada afecta a todos los ancianos de habla hispana. Productos alimentacios suplementarios ofrecen alguna ayuda y aunque no esta supuestos a ser alimentos basicos, por carecer de otros recursos muchos ancianos los usan como tal. Las estampillas para alimentos (food stamps) son a veces demaciado caras para nuestras ancianos.

Empleo

Los ancianos de habla hispana necesitan programas innovadores que no les prohiban recibir otras pensiones o beneficios euq esten obteniendo.

Vivienda

Muchos de nuestros ancianos son duenos de sus casas, pues para ellos es un simbolo de respeto y honor. La mayoria de las veces estos hogares son muy pobres carecen de servicios sanitarios adecuados.

Lo anteriormente mencionado es justamente uno de los muchos problemas reales que afectan a los ancionos hispano parlantes en la actualidad. Han sido comentados con la finalidad de exponer el hecho de que el espiritu que inspiro esta conferencia no ha sido implementado en la practica. Muchos ancianos y jovenes que han participado en esta conferencia no son pobres y por lo tanto no pueden representar adecuadamente a los pobres que desafortunadamente no pudieron asistir a la misma.

Es un mito creer que las acciones que se deriven de esta conferencia beneficiaran automaticamente a los ancianos hispano parlantes que se encuentran en la pobreza. Esto no sucedio y como consequencia de la conferencia de la Casa Blanca del ano 1961. Si esta conferencia se hibiese concretado exclusivamente a las problemas de los ancianos pobres y las minorias pobres era de esperarse que sucediera lo contrario, es decir, que los ancianos no pobres se habrian tambien beneficiados.

Urgimos, energicamente que una conferencia donde se tome accion directa para el anciano pobre y las minorias pobres sea preparada tan pronto como sea posible a fin de desarrollar la accion que en esta conferencia no se ha logrado.

RESOLUCIONES

Ingresos economicos y transportacion

1. Se recomienda que el Departamento de Transportacion, el Departamento de Defensa, y la Administracion de Servicios Generales pongan a la disposicion de cualquier organizacion de ancianos los vehiculos sobravites, en buenas condiciones, de manera que los ancianos hispano-parlantes y otros ancianos le las mismas comunidades donde ellos vivan puedan tener los servicios de transportacion necesarios en las areas metropolitanas y/o urbanas.

2. Se recomienda que todas las municipalidades que tengan sistemas de transporte publicos provean gratis o con tarifas reducidas pasajes para ancianos durante todo el dia con la excepcion de las horad de entrada y salida de los empleos y demandar de estos sistemas de transporte que publiquen en espanol las rutas y horarios. Al mismo tiempo pedimos que estos sistemas de transito soliciten del gobierno federal subsidiar estos programas.

3. Se recomienda que investigaciones y estudios sean hechos por todas las agencias que estan involucradas en programas para los viejos para poder determinar comparaciones basadas en la edad asi como otros datos importantes relacionados con los diferentes grupos etnicos de dichos viejos.

4. Se recomienda que una minimo de ingresos entre $4,300 y $4,500 (por pareja) se haga inmediantamente una realidad para todos los viejos hispanos parlantes y un 75% para cuando sea uno solo.

5. Se demanda con toda fuerza que los estados enmienden su legislacion para prevenir la rebaja de beneficios de la asistencia publica (old age assistance) para los ancianos a medida que vayan aumentando los beneficios del seguro social (social security benefits).

6. Se recomienda que personas hispana biculturales organizadores y consultantes disenen y evaluen todos los programas y servicios orientados a servir los hispanos parlantes con la cooperacion y participacion de los consumidores de estos programas.

7. Que toda la legislacion en relacion con servicios, beneficios y programas a los ancianos en los Estados Unidos sean extendidos a los viejitos de la isla de Puerto Rico.

8. Que los empleadores que contratan los viejitos migrantes cualquiera que sea el trabajo que realicen contribuyan para los beneficios de seguro sociales y que los duenos de fincas sean definidos como empleadores y no como contratistas o reclutadores de empleados.

9. Que las investigaciones y programas en demostracion que se han estado haciendo a retazos sean financiados a nivel nacional y se les de enfasis especial a la cuestion de empleos para los ancianos hispano parlantes.

10. Que la Administracion de Seguro Social (Social Security Administration) compile un censo sobre la poblacion hispano parlante que recibe beneficios del seguro social con una proyeccion a diez anos incluyendo los que se esperan que en ese termino de tiempo puedan ser recipientes de estos beneficios.

Comite de Salud

1. Siempre que sea aplicable representantes de los ancianos hispano parlantes y migrantes sean nombrados en todas las comisiones, comites, consejos y otras organizaciones relacionadas con la planificacion, desarrollo,

operacion, evaluacion de servicios globales de salud, financiados por el gobierno local, estatal o federal.

2. Darle prioridad a estudiantes bilingues y biculturales que puedan ser reclutados para el estudio de las profesiones relacionadas con el campo de la salud y para las "Nuevas Carreras" (New Careers Program) y oportunidades de empleos para semiprofesionales en el campo de salud y geriatria.

3. Creditos especiales sean otorgados por las universidades a estudiantes de medicina y en el campo de la salud que sean bilingues y biculturales.

Vivienda

I. Ya que los gobiernos municipales, estatales y federales han ignorado las necesidades de vivienda de los ancianos hispano parlantes llegando a alcanzar dimensiones criticas, se recomienda:

1. Que personal bilingue y bicultural sea nombrado en los tres niveles gubernamentales,

2. Que fondos sean especificamente apropriados para las necesidades de viviendas de nuestros ancianos hispano parlantes.

II. Por cuanto muchos de los ancianos hispano parlantes son residentes o proprietarios de casas deterioridas, se recomienda:

1. Que por motivos de las demoliciones o remociones de casas por los programas del "urban Renewal" se conceda asistencia gubernamental en los tres niveles para la rehabilitacion y renovacion de edificios de viviendas cuyos propietarios sean ancianos hispano parlantes.

III. Por cuanto el actual proyecto federal de viviendas es altamente indeseable para nuestros ancianos hispano parlantes, se recomienda:

1. Que todas las unidades de viviendas sean construidas de acuerdo con las preferencias socio-culturales de los hispano parlantes tales como:

a. diseno; b. costo; c. localizacion, d. tamano.

IV. Por cuanto es por todos reconocido que los ancianos hispano parlantes no estan recibiendo la cuota proporcional de los programas federales de vivienda, se recomienda:

1. Que el gobierno federal adopte una politica de vivienda utilizando una formula en la cual las unidades autorizadas para ser construidas o rehabilitadas sean reservadas para ancianos hispano parlantes en proporcion directa a la poblacion de sus respectivas comunidades.

V. Por cuanto es un hecho que existe un requisito que fuerza a los ancianos hispano parlantes a ceder sus reclamaciones a propiedades fisicas, por ejemplo: tierras, fincas, etc., a fin de calificar como recipientes para programas de ayuda financiera, se recomienda que:

1. Los requisitos arriba mencionados, los cuales son legalmente injustos y prohibitivos, sean eliminadas e enmendadas a fin de satisfacer las necesidades de los ancianos hispano parlantes.

VI. Por cuanto es una tradicion altamente respetada por las familias hispanas de que los ancianos hispano parlantes tienen una fuerte y valida necesidad de permanecer viviendo en el seno familiar, se recomienda que

1. Que un nuevo programa sea disenado y adoptado para:

    a. promover y proteger esta oportunidad de una continua participacion dentro del seno familiar.

    b. Contribuir para responder al deseo de los ancianos hispano parlantes para mantener sus sentimientos de utilidad social.

2. Este nuevo programa pagaria la renta directamente a los ancianos hispano parlantes recipientes de subsidios economicos aunque estos vivan dentro del seno familiar.

Bienestar Espiritual

1. El gobierno debe cooperar con los distintos grupos religiosos y organizaciones privados con objecto de satisfacer las necesidades espirituales do los ancianos sin que por este motivo se olvide el principio de la separacion de la Iglesia y el estado.

2. Los ancianos hispano parlantes deben participar en la redaccion de los programas que afecen su vida espiritual desde su inicio hasta el momento de comensar su funcionamiento.

3. Que todos los grupos religiosos y privados se den cuenta de cuales son las necesidades de los ancianos hispano parlantes que no se limitan a servicios religiosos y otras ceremonias y que se esfuercen por satisfacer las necesidades humanas de dichos ancianos.

4. La declaracion de derechos de los ancianos hispano parlantes deben de continuar siendo una responsabilidad de los distintos grupos religiosos que ademas deberan reconocer el valor de coordinar sus esfuerzos con los de los diversos grupos de la comunidad.

5. Todos los grupos religiosos y privados, especialmente los que cuentan con una cantidad considerable de miembros hispano parlantes, deben gastar una cantidad proporcional adecuada de sus recursos para ayudar a los hispano parlantes.

RESOLUCIONES GENERALES

1. Se recomienda que se conceda a los ancianos hispano parlantes una execucion de impuestos de $5,000 sobre la propiedad , mueble y personal en todos los estados de la Union.

2. Se recomienda que se active el dabate sobre el proyecto de la ley HR 1 y que el congreso lo apruebe, sin enmiendas,la ley que garantiza un ingreso minimo de $4,800 anuales para los ancianos en lugar de los $2,400.00 que se especificaban en dicho proyecto.

3. Se recomienda que todas las resoluciones aprobadas en la sesion apliquen a los ancianos de las zonas rurales y urbanas por igual.

4. Se recomienda que el congreso promulgue una ley por medio de la cual se otorgue la ciudadania sin el requisito del examen de ingles a todos los que hubieran residido en los Estados Unidos durante 20 anos.

5. Se recomienda que todas las organizaciones, publicas o privadas, que ofrzcan servicios a los ancianos de origen espanos cuenten con una cantidad proporcional de empleados bilingues y biculturales; y que el material y los modelos se impriman en espanol; y que mantengan informados las comunidades hispano parlantes sobre todos los servicios por medio de la prensa, radio y television.

6. Se recomienda al Presidente la creacion de un Comite Nacional de Coordinacion para los ancianos hispano parlantes en el cual participen los consumidores; que redacte un programa nacional cuya estrategia permita resolver los problemas de los ancianos; que utilice fondos federales, estatales y municipales, y que evalue los programas existentes.

7. Se recomienda que el Negociado del Censo haga un estudio exhaustivo de los ancianos hispano parlantes mediante el cual se llegue a una cantidad exacta de los ancianos hispano parlantes de los Estados Unidos ya que las estadisticas existentes son muy escasas.

8. Se recomienda que se exija al Negociado de Estadisticas de Trabajo que ofrezca en detalle,por grupos etnicos, la cantidad de empleados que en un futuro proximo llegaran a los 65 anos de edad con cuyos datos se podran redectar programas para los ancianos hispano parlantes.

9. Se recomienda que se promulgue una ley mediante la cual se reduzca la edad para el retiro de los ancianos hispano parlantes a los 55 anos de edad para los que habitan en ciudades y a los 45 anos para los obreros migrantes rurales.

10. Se recomienda que se voten fondos federales, estatales y municipales para realizar investigaciones y estudios de las problemas peculiares de los ancianos de origen espanol como, paso previo en la planificacion de un

programa global que verdaderamente pueda aliviar la situacion desesperada de los ancianos hispano parlantes.

11. Se recomienda que el Comite del Gabinete Presidencial de Oportunidades para los Ciudadanos Hispano Parlantes con la cooperacion del Consejo Nacional para Ancianos, el Instituto Nacional de Gerontologia Industrial, el Consejo Nacional de Centros para Ancianos y la Asociacion Nacional de Ciudadanos Ancianos creen una organizacion Nacional de Ancianos Hispano Parlantes que sirva como agente de los mismos al nivel municipal, estatal y federal.

12. Se recomienda que se investigue cuales fueron los estados que no enviaron delegados hispano parlantes a la Conferencia de la Casa Blanca Sobre la Ancianidad para escribirle al Gobernador expresandole el disgusto que la ausencia de dicha representacion causo a los asistentes a esta Conferencia.

M. SPANISH SPEAKING ELDERLY

INTRODUCTION

The Spanish speaking aged compose a particularly vulnerable class of needy persons within the already disadvantaged population of elderly Americans. Due to linguistic and cultural barriers, physical isolation and the disadvantaged endemic to minority group status, the Spanish "viejito" finds himself in even more deplorable circumstances than the majority of the American elderly population.

Poverty of such magnitude exists within this group that is incomprehensible to the average citizen. It is a poverty that knows no boundary line as it affects the Spanish speaking elderly equally as hard as the rural, urban and metropolitan areas.

Perhaps the most persuasive handicap the Spanish speaking elderly has in this society is his inability to speak and communicate in English and his lack of understanding of the "System." Directly related to the lack of awareness of health, housing, recreation, employment and social services and benefits is the problem of communication. There is a high correlation existing between his ability to speak English and his lack of awareness of the very few services, activities, and programs to which he is entitled.

Income: National economists would do well in learning how some of the Spanish speaking elderly are able to survive. Because of life-long poverty, many have not been able to save toward retirement or collect adequate pension and social security benefits. There are those who receive no public assistance and have to depend on whatever help friends and families can provide.

Health: The mortality rate of the Spanish speaking elderly is above average. At 48 years of age a Spanish speaking migrant compares with an Anglo of 65. This is due to the hardship these individuals have had to endure. Medicare and Medicaid provide relief, but some cannot eat properly without dentures or communicate without hearing aids that they can't afford.

Transportation: In rural areas transportation is unavailable most of the time or else too expensive. In metropolitan areas, where public transportation is available, many times it is too expensive and the Spanish speaking elderly cannot communicate with the drivers or understand route and time schedules.

Nutrition: Inadequate nutrition affects all elderly Spanish speaking. Surplus commodities offer some assistance and although they are not designed as a complete meal, for many it is. Food stamps have to be bought once a month and for the majority of the Spanish speaking elderly poor, they are too expensive to purchase.

Employment: The Spanish speaking elderly need innovative programs for employment opportunities without penalizing retirement or other benefits.

Housing: Many of our Spanish speaking elderly poor own their own homes. For them to own a home is a matter of pride and self-respect. For the most part, these homes are below standard and do not have regular facilities.

The above are just a few of the many real problems affecting the Spanish speaking elderly today. They are mentioned to dramatize the fact that the theme of the conference is wrong. Many elderly and non-elderly here, this week, are not themselves poor and therefore cannot adequately represent the poor who were unable to attend.

It is a myth to believe that action eminating from this conference will automatically benefit the Spanish speaking elderly poor because this did not and has not happened from the 1961 White House Conference. Had this conference concerned itself exclusively with the problems of the elderly poor and minority poor then the reverse could be expected to happen.

We strongly urge that a conference on ACTION for the elderly poor and minority poor be developed as soon as feasible and possible to provide the action necessary that this conference has failed to do.

Resolutions

INCOME AND TRANSPORTATION

1. It is recommended that the Department of Transportation, the Department of Defense, and the General Services Administration make available all excess vehicles, in good condition, to any elderly based organization in order that transportation services for the Spanish speaking and other elderly be made available in metropolitan, urban, or rural areas.

2. It is recommended that all municipalities with public transit systems provide free or reduced fare during the non-peak hours for the elderly and handicapped, and demand that these same systems make literature available in Spanish for the Spanish speaking elderly in terms of routes and schedules, and also that these systems request subsidized assistance from the Federal Government.

3. It is recommended that research and study be conducted by every agency involved in programs for the elderly in order to determine an age comparability and other important data in regard to the different ethnic backgrounds of the elderly.

4. It is recommended that a minimum of guaranteed income of between $4300 - $4500 (couple) be made immediately available to all Spanish speaking elderly and 75 percent of that for a single person.

5. It is strongly demanded that States amend their legislature to prevent the lowering of old age assistance benefits as social security benefits are increased.

6. It is recommended that Spanish bi-cultural planners and consultants design and reevaluate all programs and services to serve the Spanish speaking with the cooperation and participation of the consumers to be affected by these programs.

7. That all elderly legislation regarding services, benefits, and programs of any kind and in effect in the mainland United States be extended to cover all elderly in Puerto Rico.

8. That employers who contract migrant elderly workers for any amount of work done, be required to make social security payments and that the farmer be defined as the employer and not the contractor or crew leader.

9. That piecemeal research and demonstration programs be funded on a national level and give special emphasis to the employment of the Spanish speaking elderly.

10. That the Social Security Administration compile a census on the Spanish speaking population receiving social security benefits and that a projection be made of those who will be receiving assistance in the next 10 years.

HEALTH COMMITTEE

1. That where applicable, representatives of elderly Spanish speaking and migrants be appointed on all commissions, committees, councils, and other bodies concerned with the planning, development, operation, and evaluation of comprehensive health services systems funded by Federal, State or local governments.

2. That priority be given to bi-lingual, bi-cultural students being recruited for the health professions and for new careers or para-professional employment opportunities in the field of health and geriatrics.

3. That special college credit be made available for students in the medical and health fields who are bi-lingual and bi-cultural.

HOUSING

1. Whereas: It is of critical concern that the needs of the Spanish speaking elderly have been ignored by the Federal, state, and local governmental bodies concerned with housing,

it is recommended

(1) that staff of Spanish descent responsive to the Spanish speaking be appointed to all three levels of government.

(2) that funds be specifically earmarked for the need in housing of our Spanish speaking elderly.

2. Whereas: Many of the Spanish speaking elderly live in and own homes that are deteriorating and decaying,

it is recommended

(1) that in lieu of the demolition or the removal of homes by programs such as Urban Renewal, that Government assistance at all three levels be given for the rehabilitation and renovation of housing units owned by the Spanish speaking elderly,

3. Whereas: That the present Federal housing projects are highly undesirable to the Spanish speaking elderly,

it is recommended

(1) that all subsequent housing be constructed according to the Spanish speaking cultural considerations such as (1) design, (2) cost, (3) location, (4) size.

4. Whereas: It is recognized that the Spanish speaking elderly are not receiving a "fair-shake" of federally subsidized housing;

it is recommended

(1) that the federal government adopt a policy in housing utilizing a formula wherein those units that are authorized, built, or rehabilitated, be reserved for the Spanish speaking elderly in direct proportion to their population in their respective communities.

5. Whereas: It is a fact that there exist a requirement forcing the Spanish speaking elderly to give up their claim to "real property" in order to qualify for programs of financial assistance;

it is recommended

(1) that the above requirement, being a prohibitive and unjust law, be eliminated or amended as will meet the needs of the Spanish speaking elderly.

6. Whereas: It is a revered tradition that the Spanish speaking elderly has a strong desire to remain living within the family household;

it is recommended

(1) that a new program be adopted that would

(a) promote and protect this opportunity for continued participation with the family

(b) contribute to the Spanish speaking need for a sense of usefulness

(2) this new program would pay rent subsidies directly to the elderly recipient residing within the familial household.

SPIRITUAL WELL BEING

1. The Government should cooperate with religious bodies and private agencies to help meet the spiritual needs of the elderly, but in doing so should observe the principle of separation of Church and State.

2. Spanish speaking elderly should be involved in the development of all programs which affect their spiritual well being from the initial planning stage through implementation.

3. That all religious and/or private groups open their eyes to the needs of the Spanish speaking elderly which are more than religious services and ceremonies and strive toward fulfilling the needs of the total man among the Spanish speaking elderly.

4. The declaration of the rights of the elderly should continue to be a responsibility of the various religious bodies but they should also recognize the value of coordinating their efforts with community groups.

5. All religious and/or private groups, particularly those with sizable Spanish speaking membership, must spend a fair and adequate share of their resources advocating assistance for the Spanish speaking elderly.

GENERAL RESOLUTIONS

1. It is recommended that a $5,000 tax exemption be granted to Spanish speaking senior citizens on real and personal property in all states.

2. It is recommended that HR1 be acted and passed upon by Congress with a modification that the guaranteed minimum income of $2,400 be increased to $4,800 for all elderly people.

3. It is recommended that all resolutions passed at the Special Concern Session for the elderly be applicable to the rural as well as the urban elderly.

4. It is recommended that Congress pass a law to automatically grant citizenship without the requirement of an examination to those persons who have been in the United States for 20 years.

5. It is recommended that any organization, be it private or public, which provides services to the Spanish speaking elderly be required to have an adequate number of bi-lingual, bi-cultural staff, literature and forms printed in Spanish, make outreach efforts to inform the Spanish speaking community and utilize multi-media services to this effect.

6. It is recommended that the President establish a National Coordinating Committee for the Spanish speaking elderly which insures consumer participation, develop.a national strategy to solve the problems of the elderly, top Federal

State, and local funds; and evaluate existing programs.

7. It is recommended that due to the lack of statistics available on the Spanish speaking elderly, the Bureau of the Census conduct an indepth study which will evaluate the accuracy of the number of Spanish speaking elderly in the United States.

8. It is recommended that the Bureau of Labor Statistics be required to have an ethnic breakdown on employment figures to make planning possible for those Spanish speaking who will become senior citizens in the near future.

9. Due to the lower life expectancy of the Spanish speaking elderly it is recommended that Federal legislation be passed to lower the retirement age to 55 for the urban Spanish speaking and to 45 for the migrant rural Spanish speaking worker.

10. It is recommended that the Federal, State, and local monies be set aside to research and study the specific problems of the Spanish speaking elderly as a first step in the planning of comprehensive and relevant programs to alleviate the plight of the Spanish speaking elderly.

N. THE RELIGIOUS COMMUNITY AND THE AGING

Recommendations

1. That a National Conference on spiritual well-being be held within the next two years and not later than five years to review and evaluate the recommendations in terms of achievements as a result of the 1971 White House Conference on Aging.

2. That it should be the national policy that religious bodies and other private agencies make it their concern to bring together the services of the entire community to provide opportunity for interfaith broad-based community programs for the aged through multipurpose community centers.

3. That private institutions of religious and charitable organizations which discriminate in the admission of black persons and those of other minority groups and deny and abrogate the civil rights of such persons have their tax exemption status lifted; and we urge that the U.S. Congress enact appropriate legislation to bring this about.

4. That church-related retirement facilities add to their staff (on a salaried and/or volunteer basis) a retiree in the role of community ombudsman-advocate, working with older adults within the institution and the larger community, serving as a representative with and for older adults.

5. That religiously related educational institutions, and religious laymen in any teaching situation, be urged to provide a knowledge base for an understanding of the processes of aging, the characteristics and needs of older persons, and the implications of such knowledge for fields of community practice.

6. Subscribing to the principal that responsibility for the care and affectional support of persons of all ages rest with one's immediate family and kinsmen, we therefore recommend that:

   (a) Tax deductions be given for qualified gifts and assistance to aged persons, as are now authorized for charitable contributions.

   (b) Education be inaugurated for couples in their middle years for their tasks in bridging the generations, including accepting death and preparation for the life of a survivor.

O. PHYSICAL AND VOCATIONAL REHABILITATION

Introduction

In the absence of formal plans to develop systematic vocational rehabilitation inputs for the 1971 White House Conference on Aging, Federal Guidance and Employment Service conducted a broad-based pre-White House Conference on this subject at Arlington, Virginia on September 14-16, 1971. Attended by more than 100 leaders in the field of vocational rehabilitation, this Conference was supported by a grant from the Rehabilitation Services Administration, Social and Rehabilitation Service, United States Department of Health, Education, and Welfare, and received extensive cooperation from a wide spectrum of rehabilitation groups and agencies. The Policy and Platform Statement that follows emerged from the Conference with the understanding that it would be presented to the White House Conference on Aging as an expression of the recommendations of the vocational rehabilitation movement.

Recommendations and Comment

Some 15% to 20% of all unemployed disabled persons 55 years of age and over elect to continue in the labor market, despite severe limitations and the lack of encouragement from the community.

Vocational rehabilitation services for the members of this group are lacking or are highly inadequate in most sections of the United States. This neglect reflects the general apathy of Americans, even those who work with older persons, toward the vocational aspirations of older persons. Even the 1971 White House Conference on Aging, in its preparatory stages, made no plans for a conference section on rehabilitation (as it had done in 1961).

In face of this extensive lack of concern for the vocationally-motivated older disabled person, the objective of the pre-White House Conference meeting was to recommend policies and programs that should be instituted to meet the needs of this group in the 1970's.

Specific Recommendations

1. Legislation

   A. Current legislation should be amended or administered so as to provide for:

      Positive enforcement of existing anti-discrimination legislation.

      Improved Social Security benefits.

      Modification of the Social Security earnings limitation.

      Inclusion of rehabilitation incentives in welfare legislation.

A rise in the level of Social Security trust funds available for payment for vocational rehabilitation services.

Earmarking of specific anti-poverty funds for the aging.

Inclusion of vocational rehabilitation services under Medicare and Medicaid and proposed comprehensive care programs.

B. New legisliation is needed to achieve:

Public agency financial support for long-term workshop employment programs.

The use of Federal funds to create new jobs for the aging in private industry and government-sponsored public service activities

Non-discrimination in employment throughout the United States at all geographic levels.

2. The Community

The community should:

Pay particular attention to disadvantaged sub-groups among the aging.

Establish general and/or specialized programs for the aging.

Be educated to the vocational rehabilitation poetential of the aging.

Develop comprehensive service programs for the aging containing strong vocational components.

Develop organized groups of aging persons, that, among other activities, support vocational components.

Through its rehabilitation agencies and workers, function as an advocate of the aging.

Develop improved community transportation facilities in cooperation with United States Department of Transportation.

3. Organizations and Programs

A. All types of agencies in the community should:

Open their general community facilities and programs to the aging on the same priority basis as other groups.

Reach out to currently "underserved" subgroups of aging persons.

Consider rehabilitation of the aging as a specialized rehabilitation sub-field.

Include vocational rehabilitation services in their multi-function programs for the aging.

Adopt service procedures that enable the aging to enter vocational rehabilitation programs without delay.

Make provision for the aging to serve on boards and committees which formulate gency policies and programs.

Encourage institutions for the aging to set up vocational programs for their residents.

Establish experimental rehabilitation residences for the aging.

Develop regional and state vocational rehabilitation centers for the aging.

Set up special programs for homebound and neighborhood-bound older agencies.

Establish linkages between agencies for the aging and other agencies.

Designate a national group to servie as a forum and aclearinghouse for those concerned with the vocational rehabilitation of older persons.

Expect rehabilitation agencies serving the aging to conform to commonly-accepted service standards.

B. Federal and State Rehabilitation Agencies should:

Take leadership in developing services for older disabled persons, preferably through specially-designated orgainzational sections or divisions.

Earmark special funds for the aging.

Be strenthened, in general, in funding, programming and administration.

Assign responsibility for programs for the older disabled person to special personnel.

Stipulate clearly that age, per se, is not a disqualification for entry into vocational rehabilitation service.

C. Voluntary Agencies should:

Be given a major role in the vocational rehabilitation of older disabled persons.

Engage, along with other agencies, in innovation research and demonstration activities.

Attempt to reach as many older disabled persons as possible through decentralized catchment area programs.

Along with state agencies, assume responsibility for the conduct of long-term workshop employment programs with the aid of public agency funding.

Offer comprehensive vocational rehabilitation programs.

Be given responsibility for continuity of care.

D. Private enterprise should:

Be encouraged to participate in the vocational rehabilitation of older disabled persons.

Assume responsibility for preventing and ameliorating vocational handicaps in their aging employees.

Be assisted in these functions by consultation from specialized rehabilitation agencies and personnel.

4. Employment

Vocational rehabilitation should emphasize careers, not merely jobs, for older disabled persons.

Public and private hiring practices which bar older disabled persons from employment should be altered.

Employers should be educated to see the values of hiring older disabled workers.

Vocational benefits offered to other disability groups in employment should be opened to the aging.

Flexible working hours should be adopted in industry.

Additional part-time employment opportunities should be created.

Employment should not be discontinued on the basis of an arbitrary maximum age.

Employment opportunities in community service should be fully explored.

Demonstration new careers programs should be launched.

5. Personnel Training and Research

Rehabilitation personnel should be trained in service to the aging through specially-funded programs.

Grant applications for research and demonstration projects for the older disabled person should be given a high priority.

National research and demonstration and/or research and training centers on the vocational rehabilitation of the aging should be established.

Fundamental and applied research relating to the older disabled worker should be supported by public funding.

Application of modern technology to the problems of the aging should be explored.

6. Medical

Medicare-funded rehabilitation services should be extended to persons receiving Social Security Disability Benefits through rehabilitation as well as other health facilities.

Federal funds for medical research should be increased.

Additional Federal financial assistance should be provided for the training of medical and allied personnel.

The Federal government should sharply increase the funds allocated for the construction; expansion, and alteration of rehabilitation facilities under the Hill-Burton Program and the Vocational Rehabilitation Act.

Medicare and Medicaid legislation should be adopted which strengthens the rehabilitation component and which enables patients to receive medical rehabilitation service in conjunction with their hospitalization.

Note: **A report on the Elderly Deaf will appear in the full report of Conference proceedings.**

P. VOLUNTEER ROLES FOR OLDER PERSONS

Introduction

At the conclusion of this session one delegate participant remarked that it was uniquely characterized by the participants' complete attention to ways in which older persons could fulfill themselves by giving service to one another and to their communities.

The session focussed on the development of policy and action recommendations that facilitate volunteering by older persons.

Recommendations and Comment

1. A national policy should be established to create awareness in the nation at large about the worth and talents of older adults as a national resource and to encourage older adults to volunteer. In this connection widest possible use should be made of pre-retirement counseling as a point of interpreting volunteer opportunities.

2. Existing national older adult volunteer programs should be expanded and funded at adequate levels in order to serve extensive numbers of older persons.

3. There should be support for and strengthening of national leadership (governmental and voluntary) through which local organizations, departments and agencies can be encouraged and assisted in developing volunteer participation by older persons.

Comment

In discussion of this recommendation, as illustrative of national leadership, reference was made to the National Center for Voluntary Action, the Center for a Voluntary Society, and Retired Senior Volunteer Program, and others.

4. Agencies and organizations (governmental and voluntary at any level) should adapt their programs to the use of older volunteers and provide adequately for their training, their growth, and recognition of their accomplishments; should provide for adequate staff leadership and preparation of staff to support volunteer involvement.

5. Jobs developed for older volunteers should meet the needs of older persons, provide for progressive levels of responsibility and recognize the need for special job design for handicapped adults.

6. Budget planning in both government and voluntary agencies should provide for making available to older volunteers assistance, when needed, with transportation, incidental expenses and insurance protection.

7. Appropriate interested organizations, agencies, and departments (governmental and voluntary) should endeavor to develop a workable definition of a volunteer.

Comment

Discussion of this recommendation indicated the diversity of views with respect to what is a "volunteer;" but there was concensus on the need to provide the widest possible range of opportunities for older persons to be involved in the life of their communities, from full-time paid employment to part-time unremunerated service. Concern was expressed regarding the need to clarify at local levels the character of volunteer service in order to insure that giving such service should not infringe the rights of older persons to receive public assistance or other public support.

Q. YOUTH AND AGE

I. Whereas: young and old are one; and both deserve dignity and respect; and together are concerned with quality of life in the future as well as the present.

Recognizing the urgency of the situation, we therefore propose the following:

I. A radical and immediate reordering of our national spending policies and economic priorities to place human needs before the material needs of the military and the space program.

2. A wide range of accessable services must be provided in the areas of nutrition, health, housing, medical and social care. But the most crucial need is to provide all citizens a guaranteed adequate income enabling them to purchase goods and services of their own choosing.

3. That both young and old be represented in the decision-making processes of all local, state and national commissions and boards affecting the aging.

4. That all persons, particularly the aging, be given the legal right to chose to die naturally and in dignity avoiding prolonged illness, pain, confinement, and degradation.

5. That we must bridge the gap of young and old by encouraging alternate forms of social organization to supplement family structure from which young and old are often withdrawn.

6. That government immediately provide adequate and sufficient housing for the aging including communal settings where young families and the old can live together.

7. That society should adopt a policy of education for life such as preparation for job, family, retirement and use of leisure time. This education should begin with young children as developing a philosophy of life and should be developed by consultation with government, business, labor, and education institutions.

8. We urge that many more employment opportunities including part-time jobs be made available by government and by the private sector for both youth and the aging, particularly those jobs which enable them to work together and relate to one another for the betterment of themselves and their communities.

As citizens we are all entitled to full participation in the democratic process. Therefore, we urge that public and privately sponsored civic education programs be implemented for the aging to inform them of their legal rights and political privileges and to encourage them to exercise these rights and privileges collectively.

Wherever appropriate, economic boycott, non-violent protest and demonstration and other forms of political activity should be used to pursue the goal of a better life for all Americans.

II. In order to effectively implement the positions stated above, it is recognized that awareness of the continuation of life from conception through death is an essential aspect of education throughout the life cycle. It is further recognized that there will be many avenues of activity that must be exploited and maximized.

The following resolutions were made regarding formal education:

1. Federal, state and community agencies shall earmark funds and appoint committees within the year following the WHCoA for the preparation and utilization of curricular and education materials for all school levels that deal with the biological, medical, psychological, social and environmental aspects of the continuation of life from conception through death. Further, this shall be implemented within service training for teachers at all levels, as well as continuing education for persons all through life.

2. It is particularly suggested that in all appropriate educational institutions courses such as sociology, anthropology, etc. be offered in which younger and older persons can both enroll on a credit or non-credit basis.

3. Conference follow-up shall include:

   a. Contact with student governments at every available educational level to identify a vehicle for their contributions towards the realizations of the policies adopted at this conference.

   b. Contact with existing and projected federal agencies with funded programs for youth opportunities in community activities (eg. ACTION, Domestic Council etc.) to identify aging as an urgent social issue.

   c. Contact with universities, state and community colleges and community organizations to establish seminar and field experience courses that will involve students in all disciplines.

4. Wherever possible, educational systems at all levels should utilize qualified older persons as para-professionals. Formal credential requirements should be relaxed without the relaxation of remuneration for these services. Funds should be provided by an appropriate federal agency for these services.

5. We think that without neglecting the incorporation of preparation for living into the school system, it is urgent that every available avenue for informal education be potentiated. Priority (in the appropriation of funds) shall be given to the promotion of interaction between youth and aged outside the formal school system, in voluntary organizations and other common activities as a conscious reflection of the need to change current cultural attitudes and sterotypes of all stages of life.

6. It is finally urged that the President of the United States include as part of a national policy on aging an emphasis on achieving life cycle education as a mandatory component of all educational institutions.

III.

One of the major aims of the White House Conference on Aging should be to harness the activity and energy of youth and link it to the solution of the problems confronting the aging. Three areas of youth volunteer activity suggest themselves for immediate action:

1. Provide information to senior citizens regarding existing social services and financial resources.

2. Render direct service to senior citizens.

3. Act as advocates in behalf of the elderly.

However, it is imperative that such programs involving youth and aging recognize a relationship of reciprocal rewards. Additionally, young people should be reimbursed for expenses incurred in volunteer activities.

Suggestions for immediate action include:

1. Providing information

a. Undertake local projects to identify existing resources for and needs of aging Americans

b. Staff telephone information and crisis centers

c. Utilize the media to inform the aging about existing resources.

d. Guarantee that youth and aging be represented on all aging related agencies.

2. Rendering Service

   a. Form transportation teams to assist the elderly.

   b. Assist in home upkeep and maintenance.

   c. Establish friendly visitor programs.

   d. Utilize programs sponsored by ACTION to provide needed staffing.

   e. Assist with programming activites in Senior Centers.

   f. Provide escort services, especially at night.

   g. Provide activities that will promote social and sexual interaction for the aging.

3. Acting as Advocates

   a. Utilize existing advocacy groups on behalf of the elderly.

   b. Form communtiy-wide advocacy groups, which will also serve as grievance boards and community coordinating committees for volunteer activities related to aging.

In order to implement a program of young assisting the aging means as needed to mobilize and coordinate community activities. This can be accomplished by Services To Elderly People (STEP) through the formation of local steering committees. National Youth Organizations and state agencies should encourage their local affiliates to begin creating these committees and to provide the funding for training programs in the study of the aging.

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